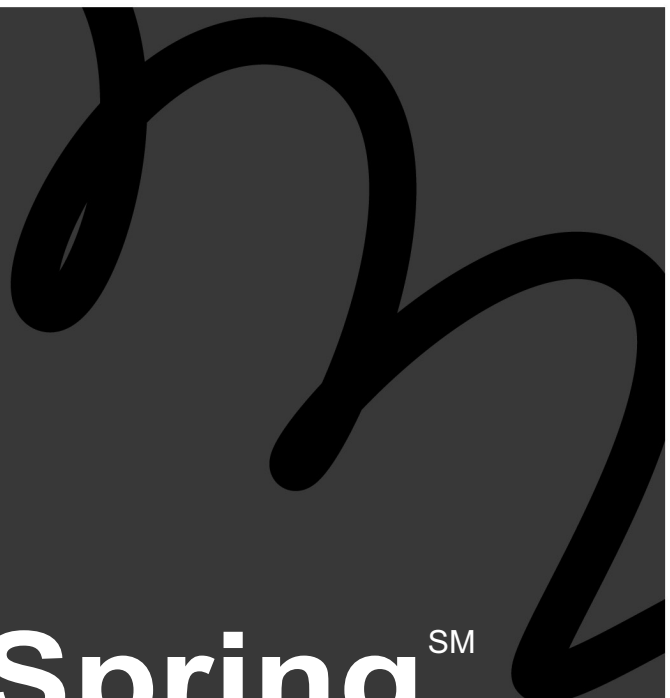




2027 HealthSpringSM Formulary

(List of Covered Drugs or “Drug List”)

Please read: This document contains information about the drugs we cover in this plan.



HPMS Approved Formulary File Submission ID 00027063

This formulary was updated on 08/11/2026. For more recent information or other questions, please contact HealthSpring Customer Service, at **1-800-668-3813** (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September. Messaging service used weekends, after hours and on federal holidays or visit **www.HealthSpring.com**. The formulary, pharmacy network and/or provider network may change at any time. For a complete list of Contract/PBP numbers this document applies to, please refer to the back cover of this document.

Important Message About What You Pay for Insulin: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means HealthSpring. When it refers to “plan” or “our plan,” it means your HealthSpring Medicare Advantage Plan.

This document includes a Drug List (formulary) for our plans, which is current as of 08/11/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2028, and from time to time during the year.

What is the HealthSpring formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by HealthSpring in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. HealthSpring will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthSpring network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage (EOC).

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.HealthSpring.com.

Changes that can affect you this year. In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can

be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the HealthSpring formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both.

We may make changes based on new clinical guidelines and/or studies. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective.

Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the HealthSpring formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/11/2026. To get updated information about the drugs covered by HealthSpring, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the formulary?

There are two ways to find your drug within the formulary:

- **Medical Condition**

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “CARDIOVASCULAR, HYPERTENSION /LIPIDS”. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

- **Covered Drug Index**

If you are not sure what category to look under, you should look for your drug in the Covered Drug Index that begins on page 83. The Covered Drug Index provides an alphabetical list of all the drugs included in this document.

Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find

coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

HealthSpring covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** HealthSpring requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from HealthSpring based on specific criteria before you fill your prescriptions. If you don’t get approval, HealthSpring may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthSpring limits the amount of the drug that HealthSpring will cover.

For example, HealthSpring allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for a total quantity of 30 per 30 days) or three-month supply (for a total quantity of 90 per 90 days).

- **Step Therapy:** In some cases, HealthSpring requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HealthSpring may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthSpring will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, HealthSpring limits the amount of the drug that we will cover to only a 30-day supply or less, at one time. For example, members who have not had any recent fill of opioid pain medications within the past 108 days (referred to as “opioid naïve”) are limited to a maximum of 7 days’ supply of opioid pain medication. Members who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month’s supply of that medication at one time. Other high-cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HealthSpring to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the HealthSpring formulary?” on page 3 for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can help ensure that you do not miss a dose.
- You can receive a 90-day supply at most in-network pharmacies or through our preferred home delivery service (go to page 5 for more information).
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your HealthSpring coverage.

- Ask your doctor (or other prescriber) if there are any lower- cost generic alternatives available for any of your current medications.
- Some plans may offer a \$0 copay for Tier 1 and Tier 2 generic drugs filled at a preferred retail and/or mail-order pharmacy. Refer to your Evidence of Coverage (EOC) for your plan’s specific cost-sharing amounts.
- Explore whether the ‘CMS Extra Help’ program may offer additional financial support for your medications.
- If your medication is not covered in the HealthSpring drug list, talk with your doctor about alternative medications which are covered on the drug list.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that HealthSpring does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by HealthSpring. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HealthSpring.
- You can ask HealthSpring to make an exception and cover your drug. See the next section for information about how to request an exception.

How do I request an exception to the HealthSpring formulary?

You can ask HealthSpring to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs,

HealthSpring limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug. This applies to the following circumstances:
 - If the drug you're taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
 - If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
 - If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

Please note, if we grant your request to cover a drug that is not on our drug list, you may not ask us to provide this drug at a lower cost-sharing level.

Generally, HealthSpring will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary tiering exception, including an exception to a coverage restriction.

When you request an exception, your prescriber will need to explain the medical reasons why you need the exception. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed

by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or existing member in our plan you may be taking drugs that are not in our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover up to a 30-day supply of your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication.

If coverage is not approved after your first 30-day supply, we will not pay for these drugs without a formulary exception, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

In order to accommodate unexpected transitions of our members that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, HealthSpring will allow a one-time 31-day supply (unless the prescription is written for fewer days).



For more information

For more detailed information about your HealthSpring prescription drug coverage, please review your Evidence of Coverage (EOC) and other plan materials. To access a copy of your EOC, go to **www.HealthSpring.com/Resources**

If you have questions about HealthSpring, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day/ 7 days a week. TTY users should call 1-877-486-2048. Or visit **<http://www.medicare.gov>**.

HealthSpring's formulary

The drug list that begins on page 8 provides coverage information about all the drugs covered by HealthSpring. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 83.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., TRELEGY ELLIPTA) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if HealthSpring has any special requirements for coverage of your drug.

We have quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 8 along with the amount dispensed per the days supplied. (For example: atorvastatin 40mg QL (30/30); this means the drug atorvastatin 40mg is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

Some HealthSpring plans offer 100-day extended supplies for certain medications. Please refer to your Evidence of Coverage (EOC) for more information about this coverage. To access your EOC, go to: www.HealthSpring.com/Resources.

What is a preferred network pharmacy?

Our plan includes preferred network pharmacies. You may save money by using a preferred pharmacy. If you need help finding a network pharmacy, please call Customer Service at 1-800-668-3813 (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September. Messaging service used weekends, after hours and on federal holidays, or visit www.HealthSpring.com, or you can visit www.HealthSpring.com/Resources for the most current Pharmacy Directory.

You also have access to preferred home delivery with Express Scripts® Pharmacy. Generally, all medications on the drug list are available through mail-order, except when special circumstances or situations prohibit mailing a particular medication to your home.

Drug Tier and Cost-Sharing

HealthSpring covers both brand name drugs and generic drugs. The amount you pay for a prescription drug depends on which tier your drug is in. In general, the higher the tier number, the higher your cost for the drug.

Tier 1 - Preferred Generic Drugs: This tier includes commonly prescribed generic drugs. Drugs in Tier 1 will typically be your most affordable option.

Tier 2 - Generic Drugs: This tier includes generic drugs, but generally cost a little more than preferred generic drugs.

Tier 3 - Preferred Brand Drugs: This tier includes preferred brand-name drugs as well as some generic drugs. Keep in mind that the tier name "Preferred Brand Drugs" is just a description of most of the drugs in the tier. It does not mean that there are only brand-name drugs in this tier.

Tier 4 - Non-Preferred Drugs: This tier includes higher-priced brand name drugs and generic drugs not in a preferred tier. There may be lower-cost alternatives for you. Ask your doctor about switching to a covered drug on a lower tier.

Tier 5 - Specialty Tier Drugs: This tier includes high-cost drugs. You will pay a percentage of total drug costs in this tier, called coinsurance. Drugs in Tier 5 are typically the most expensive drugs on the drug list.

Cost-sharing for each tier varies by plan. Refer to your Evidence of Coverage (EOC) for our plan's specific cost-sharing amounts. To access your EOC, visit www.HealthSpring.com/Resources.

HealthSpring is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers. Some generic medications may be in Tier 3, Tier 4, or Tier 5.

For members receiving Extra Help:

Your Low-Income Subsidy (LIS) copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred brand copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for information on your copay levels or call Customer Service.

Drug List Table of Contents:

The drugs on the drug list are grouped into categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list below. Then look under the category name within the drug list for your drug.

	Page
ANTI - INFECTIVES	8
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	17
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH.....	28
CARDIOVASCULAR, HYPERTENSION / LIPIDS.....	44
DERMATOLOGICALS/ TOPICAL THERAPY	49
DIAGNOSTICS / MISCELLANEOUS AGENTS.....	54
EAR, NOSE / THROAT MEDICATIONS	56
ENDOCRINE/DIABETES	56
GASTROENTEROLOGY	62
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	65
MISCELLANEOUS SUPPLIES	67
MUSCULOSKELETAL / RHEUMATOLOGY.....	69
OBSTETRICS / GYNECOLOGY	70
OPHTHALMOLOGY.....	74
RESPIRATORY AND ALLERGY	76
UROLOGICALS	79
VITAMINS, HEMATINICS / ELECTROLYTES.....	80

Drug List Key:

B/D – This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

EX – Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-668-3813 (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays, or visit www.HealthSpring.com.

NDS – Non-extended day supply medication. This drug is only available for a one-month supply, or less.

PA – This drug requires prior authorization.

QL – This drug has quantity limits.

ST – This drug has step therapy requirements.

V – This vaccine is provided at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Express Scripts Pharmacy does not dispense prescriptions for less than a 35-day supply for most medications. Exceptions may apply based on medication type or state law. For more information, please contact Customer Service at 1-800-668-3813 (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September.

Express Scripts is a trademark of Express Scripts Strategic Development, Inc. Other pharmacies are available in our network.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA; NDS
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	
CRESEMBA ORAL	5	NDS
<i>fluconazole</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	PA
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120/30)
<i>ketoconazole oral</i>	3	
<i>micafungin</i>	4	
MICAFUNGIN IN 0.9 % SODIUM CHL	5	NDS
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	3	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (96/30); NDS
<i>terbinafine hcl oral</i>	2	
<i>voriconazole intravenous recon soln</i>	4	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole oral suspension for reconstitution</i>	5	NDS
<i>voriconazole oral tablet</i>	4	
<i>voriconazole-hpbccl</i>	4	PA; NDS
ANTIVIRALS		
<i>abacavir oral solution</i>	3	QL (960/30)
<i>abacavir oral tablet</i>	4	QL (60/30)
<i>abacavir-lamivudine</i>	3	QL (30/30)
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>adefovir</i>	4	
<i>amantadine hcl</i>	3	
APTIVUS	5	QL (120/30); NDS
<i>atazanavir oral capsule 150 mg, 300 mg</i>	3	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	3	QL (60/30)
BARACLUDE ORAL SOLUTION	5	QL (630/30); NDS
BIKTARVY	5	NDS
CABENUVA	5	NDS
CIMDUO	5	NDS
<i>darunavir oral tablet 600 mg</i>	4	QL (60/30)
<i>darunavir oral tablet 800 mg</i>	5	QL (30/30); NDS
DELSTRIGO	5	NDS
DESCOVY	5	QL (30/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lowercase *italic* = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
DOVATO	5	NDS
EDURANT PED	5	QL (180/30); NDS
<i>efavirenz oral tablet</i>	4	QL (30/30)
<i>efavirenz-emtricitabin-tenofov</i>	4	QL (30/30)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i>	5	QL (30/30); NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i>	5	NDS
<i>emtricitabine</i>	3	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	4	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	5	QL (30/30); NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	5	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	4	QL (680/28)
<i>entecavir</i>	4	QL (30/30)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; QL (28/28); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (28/28); NDS
<i>etravirine</i>	5	QL (60/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
EVOTAZ	5	QL (30/30); NDS
<i>famciclovir</i>	3	QL (60/30)
<i>fosamprenavir</i>	4	QL (120/30)
GENVOYA	5	QL (30/30); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (28/28); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28/28); NDS
IDVYNZO	5	NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	5	QL (60/30); NDS
ISENTRESS ORAL TABLET	5	QL (120/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (180/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (180/30)
JULUCA	5	NDS
KALETRA ORAL SOLUTION	3	
<i>lamivudine oral solution</i>	3	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	3	QL (30/30)

CAPITALIZED = BRAND NAME DRUG

Lowercase *italic* = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine oral tablet 150 mg</i>	3	QL (60/30)
<i>lamivudine-zidovudine</i>	3	QL (60/30)
LIVTENCITY	5	PA; LA; QL (120/30); NDS
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120/30)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60/30); NDS
<i>maraviroc oral tablet 300 mg</i>	5	QL (120/30); NDS
<i>nevirapine oral suspension</i>	4	QL (1200/30)
<i>nevirapine oral tablet</i>	3	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30/30)
NORVIR ORAL POWDER IN PACKET	4	
ODEFSEY	5	QL (30/30); NDS
<i>oseltamivir</i>	3	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10)	5	QL (20/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	5	QL (11/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	5	QL (30/90); NDS
PIFELTRO	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
PREVYMIS ORAL PELLETS IN PACKET	5	QL (120/30); NDS
PREVYMIS ORAL TABLET	5	QL (30/30); NDS
PREZCOBIX	5	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	5	QL (240/30); NDS
PREZISTA ORAL TABLET 75 MG	3	QL (480/30)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rilpivirine hcl</i>	5	QL (30/30); NDS
<i>rimantadine</i>	3	
<i>ritonavir</i>	3	QL (360/30)
RUKOBIA	5	NDS
SELZENTRY ORAL SOLUTION	5	NDS
STRIBILD	5	QL (30/30); NDS
SUNLENCA	5	NDS
SYM TUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)
TIVICAY ORAL TABLET 50 MG	5	QL (60/30); NDS
TIVICAY PD	5	QL (180/30); NDS
TRIUMEQ	5	QL (30/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
TRIUMEQ PD	4	QL (180/30)
TROGARZO	5	NDS
<i>valacyclovir oral tablet 1 gram</i>	2	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	2	QL (60/30)
<i>valganciclovir oral recon soln</i>	5	NDS
<i>valganciclovir oral tablet</i>	3	
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	5	QL (270/30); NDS
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
VIREAD ORAL POWDER	5	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS
VOSEVI	5	PA; QL (28/28); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	
<i>zidovudine oral capsule</i>	4	QL (180/30)
<i>zidovudine oral syrup</i>	3	QL (1680/28)
<i>zidovudine oral tablet</i>	3	QL (60/30)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	3	
<i>cefaclor oral tablet extended release 12 hr</i>	3	
<i>cefadroxil oral capsule</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet</i>	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	4	
<i>cefazolin injection recon soln 1 gram, 100 gram, 3 gram, 300 gram, 500 mg</i>	4	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	4	
<i>cefazolin intravenous recon soln 1 gram, 10 gram</i>	4	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	4	
<i>cefdinir</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
CEFEPIME IN DEXTROSE 5 %	4	
<i>cefepime in dextrose,iso-osm</i>	4	
<i>cefepime injection</i>	4	
CEFEPIME INTRAVENOUS	4	
<i>cefixime</i>	4	
<i>cefoxitin</i>	4	
<i>cefoxitin in dextrose, iso-osm</i>	4	
<i>cefpodoxime</i>	3	
<i>cefprozil</i>	2	
<i>ceftaroline fosamil</i>	5	NDS
<i>ceftazidime</i>	4	
<i>ceftriaxone in dextrose,iso-os</i>	4	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone intravenous</i>	4	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	
<i>cefuroxime sodium intravenous</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>tazicef injection</i>	4	
TEFLARO	5	NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	3	
<i>clarithromycin</i>	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	3	
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin lactobionate</i>	4	
<i>erythromycin oral tablet</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>fidaxomicin</i>	5	QL (20/10); NDS
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	
ARIKAYCE	5	PA; LA; NDS
<i>atovaquone</i>	4	
<i>atovaquone-proguanil</i>	3	
<i>aztreonam injection recon soln 1 gram</i>	3	
<i>aztreonam injection recon soln 2 gram</i>	4	
CAYSTON	5	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	3	
<i>clindamycin hcl</i>	2	
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	
CLINDAMYCIN IN 5 % DEXTROSE	4	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	
COARTEM	4	QL (24/30)
<i>colistin (colistimethate na)</i>	4	
<i>cycloserine</i>	5	NDS
<i>dapsone oral</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
DAPTOMYCIN IN 0.9 % SOD CHLOR	5	NDS
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	4	NDS
EMVERM	5	NDS
<i>ertapenem</i>	4	
<i>ethambutol</i>	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	
<i>gentamicin injection</i>	4	
<i>gentamicin sulfate (ped) (pf)</i>	4	
<i>hydroxychloroquine</i>	2	
<i>imipenem-cilastatin</i>	4	
IMPAVIDO	5	PA; NDS
<i>isoniazid oral solution</i>	4	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral</i>	3	PA
<i>lincomycin</i>	4	
<i>linezolid in dextrose 5%</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<i>linezolid oral tablet</i>	3	QL (60/30)
LINEZOLID-0.9% SODIUM CHLORIDE	4	
<i>mefloquine</i>	2	
<i>meropenem intravenous recon soln 1 gram</i>	3	QL (30/10)
MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM	4	QL (30/10)
<i>meropenem intravenous recon soln 500 mg</i>	3	QL (10/10)
MEROPENEM-0.9% SODIUM CHLORIDE	3	
<i>metro i.v.</i>	4	
<i>metronidazole in nacl (iso-os)</i>	4	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	3	
<i>neomycin</i>	2	
<i>nitazoxanide</i>	5	QL (12/30); NDS
ORBACTIV	5	QL (3/30); NDS
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	3	
<i>polymyxin b sulfate</i>	4	
<i>praziquantel</i>	4	
PRIFTIN	4	
PRIMAQUINE	3	
<i>pyrazinamide</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>pyrimethamine</i>	5	PA; NDS
<i>quinine sulfate</i>	4	PA; QL (42/30)
<i>rifabutin</i>	4	
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	3	
SIRTURO	5	PA; LA; NDS
SIVEXTRO	5	QL (6/28); NDS
STREPTOMYCIN	5	NDS
<i>tigecycline</i>	4	
<i>tinidazole</i>	4	
TOBI PODHALER	5	QL (224/56); NDS
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	4	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 1.75 GRAM, 2 GRAM, 750 MG	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin oral capsule 125 mg</i>	4	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	4	PA; QL (80/10)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	4	QL (450/10)
<i>vancomycin oral recon soln 50 mg/ml</i>	4	QL (450/10)
VANCOMYCIN-DILUENT COMBO NO.1	4	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9/30)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (90/30)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg</i>	1	
<i>amoxicillin oral tablet, chewable 250 mg</i>	3	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	3	
<i>amoxicillin-pot clavulanate oral tablet</i>	3	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
<i>ampicillin sodium intravenous</i>	4	
<i>ampicillin-sulbactam injection</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	NDS
BICILLIN L-A	4	
<i>dicloxacillin</i>	2	
<i>naftillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	
<i>naftillin injection recon soln 1 gram, 2 gram</i>	4	
<i>naftillin injection recon soln 10 gram</i>	5	NDS
<i>oxacillin</i>	4	
<i>penicillin g potassium</i>	4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml</i>	1	
<i>penicillin v potassium oral recon soln 250 mg/5 ml</i>	3	
<i>penicillin v potassium oral tablet</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>pfizerpen-g</i>	4	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK	4	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
ZOSYN IN DEXTROSE (ISO-OSM)	4	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 500 mg, 750 mg</i>	3	
<i>ciprofloxacin in 5 % dextrose</i>	4	
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	4	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>moxifloxacin-sod.chloride(iso)</i>	4	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
TETRACYCLINES		
<i>demeclocycline</i>	4	
<i>doxy-100</i>	4	
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 50 mg</i>	3	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	4	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	3	
<i>mondoxyne nl oral capsule 100 mg</i>	3	
NUZYRA	5	NDS
<i>tetracycline oral capsule</i>	3	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	3	
<i>methenamine hippurate</i>	3	
<i>nitrofurantoin macrocrystal</i>	3	
<i>nitrofurantoin monohyd/m-cryst</i>	3	
<i>trimethoprim</i>	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BOMYNTRA	5	PA; QL (1.7/28); NDS
<i>leucovorin calcium injection</i>	4	
<i>leucovorin calcium oral</i>	3	
<i>mesna intravenous</i>	4	B/D PA
<i>mesna oral</i>	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (120/30); NDS
<i>abiraterone oral tablet 500 mg</i>	5	PA; QL (60/30); NDS
<i>abirtega</i>	4	PA; QL (120/30)
ADCETRIS	5	PA; NDS
ADSTILADRIN	5	PA; NDS
AKEEGA	5	PA; LA; QL (60/30); NDS
ALECENSA	5	PA; QL (240/30); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30/30); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30/180); NDS
<i>anastrozole</i>	3	
ANKTIVA	5	PA; NDS
<i>arsenic trioxide</i>	5	B/D PA; NDS
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60/30); NDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240/30); NDS
AVMAPKI-FAKZYNJA	5	PA; QL (66/28); NDS
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	4	B/D PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	B/D PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
<i>azathioprine sodium</i>	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BEIZRAY	5	B/D PA; NDS
BEIZRAY-ALBUMIN	5	B/D PA; NDS
BELEODAQ	5	B/D PA; NDS
<i>bendamustine intravenous recon soln</i>	5	B/D PA; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION	5	B/D PA; NDS
BENDEKA	5	B/D PA; NDS
BESPONS	5	PA; NDS
<i>bexarotene</i>	5	PA; NDS
<i>bicalutamide</i>	2	
BIZENGRI	5	PA; NDS
BLENREP	5	PA; NDS
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	PA; NDS
BORUZU	5	PA; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180/30); NDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (330/30); NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
BOSULIF ORAL TABLET 500 MG	5	PA; QL (30/30); NDS
<i>bosutinib oral tablet 100 mg</i>	5	PA; QL (90/30); NDS
<i>bosutinib oral tablet 400 mg, 500 mg</i>	5	PA; QL (30/30); NDS
BRAFTOVI	5	PA; LA; QL (180/30); NDS
BRUKINSA ORAL TABLET	5	PA; LA; QL (60/30); NDS
<i>busulfan</i>	5	B/D PA; NDS
CABOMETYX	5	PA; LA; QL (30/30); NDS
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60/30); NDS
CAMCEVI (6 MONTH)	5	PA; NDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30/30); NDS
<i>carboplatin intravenous solution</i>	4	B/D PA
<i>carmustine intravenous recon soln 100 mg</i>	4	B/D PA
<i>cisplatin intravenous solution</i>	4	B/D PA
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
COLUMVI	5	PA; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84/28); NDS
COPIKTRA	5	PA; LA; QL (60/30); NDS
COTELLIC	5	PA; LA; QL (63/28); NDS
<i>cyclophosphamide intravenous recon soln</i>	5	B/D PA; NDS
CYCLOPHOSPHAMID E INTRAVENOUS SOLUTION 100 MG/ML, 200 MG/ML	5	B/D PA; NDS
<i>cyclophosphamide oral capsule</i>	3	B/D PA
CYCLOPHOSPHAMID E ORAL TABLET 50 MG	3	B/D PA
<i>cyclosporine modified</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
CYRAMZA	5	PA; NDS
<i>cytarabine</i>	4	B/D PA
<i>cytarabine (pf)</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
<i>dactinomycin</i>	4	B/D PA
DANYELZA	5	PA; NDS
DANZITEN	5	PA; QL (112/28); NDS
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; QL (30/30); NDS
<i>dasatinib oral tablet 20 mg</i>	5	PA; QL (90/30); NDS
<i>dasatinib oral tablet 70 mg</i>	5	PA; QL (60/30); NDS
DATROWAY	5	PA; NDS
<i>daunorubicin</i>	4	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	5	B/D PA; NDS
DECNUPAZ	5	PA; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; NDS
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA
DOCIVYX	5	B/D PA; NDS
<i>doxorubicin</i>	4	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; NDS
DROXIA	3	
ELAHERE	5	PA; LA; NDS
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
ELREXFIO	5	PA; NDS
ELZONRIS	5	PA; NDS
EMPLICITI	5	PA; NDS
EMRELIS	5	PA; NDS
ENHERTU	5	PA; NDS
ENSACOVE	5	PA; QL (60/30); NDS
ENVARUSUS XR	4	B/D PA
EPKINLY	5	PA; NDS
ERBITUX	5	B/D PA; NDS
<i>eribulin</i>	5	PA; NDS
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120/30); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QL (30/30); NDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; QL (60/30); NDS
ETOPOPHOS	4	B/D PA
<i>etoposide intravenous</i>	3	B/D PA
EULEXIN	5	NDS
EVDI	5	PA; NDS
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; QL (30/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; QL (150/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; QL (90/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; QL (60/30); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; NDS
EVOMELA	5	PA; NDS
<i>exemestane</i>	3	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA
<i>floxuridine</i>	4	B/D PA
<i>fludarabine</i>	4	B/D PA
<i>fluorouracil intravenous</i>	4	B/D PA
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84/28); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
FYARRO	5	PA; NDS
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS
<i>gefitinib</i>	5	PA; QL (30/30); NDS
<i>gemcitabine intravenous recon soln</i>	4	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA
<i>gengraf oral capsule</i>	4	B/D PA
GILOTRIF	5	PA; QL (30/30); NDS
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (126/28); NDS
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (84/28); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PA; QL (168/28); NDS
GRAFAPEX	5	B/D PA; NDS
HERNEXEOS	5	PA; QL (90/30); NDS
<i>hydroxyurea</i>	2	
HYRNUO	5	PA; LA; QL (120/30); NDS
IBRANCE ORAL CAPSULE 125 MG	5	PA; QL (21/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
IBRANCE ORAL TABLET	5	PA; QL (21/28); NDS
IBTROZI	5	PA; QL (90/30); NDS
ICLUSIG	5	PA; QL (30/30); NDS
<i>idarubicin</i>	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS
<i>ifosfamide</i>	4	B/D PA
<i>imatinib oral tablet 100 mg</i>	3	PA; QL (180/30)
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30/30); NDS
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324/30); NDS
IMBRUVICA ORAL TABLET	5	PA; QL (30/30); NDS
IMDELLTRA	5	PA; NDS
IMFINZI	5	PA; NDS
IMJUDO	5	PA; NDS
IMKELDI	5	PA; QL (280/28); NDS
INLEXZO	5	B/D PA; LA; NDS
INLURIYO	5	PA; NDS
INLYTA ORAL TABLET 1 MG	5	PA; QL (180/30); NDS
INLYTA ORAL TABLET 5 MG	5	PA; QL (120/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
INQOVI	5	PA; QL (5/28); NDS
INREBIC	5	PA; LA; QL (120/30); NDS
<i>irinotecan</i>	4	B/D PA
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (60/30); NDS
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (30/30); NDS
IWILFIN	5	PA; LA; QL (240/30); NDS
IXEMPRA	5	B/D PA; NDS
JAKAFI	5	PA; QL (60/30); NDS
JAKAFI XR	5	PA; QL (30/30); NDS
JAYPIRCA	5	PA; NDS
JEMPERLI	5	PA; NDS
JEVTANA	5	B/D PA; NDS
JYLAMVO	4	
KADCYLA	5	PA; NDS
KANJINTI	5	PA; NDS
KEYTRUDA	5	PA; NDS
KEYTRUDA QLEX	5	PA; NDS
KIMMTRAK	5	PA; NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21/28); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42/28); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63/28); NDS
KLISYRI (250 MG)	4	ST; QL (5/30)

Drug Name	Drug Tier	Requirements/ Limits
KLISYRI (350 MG)	4	ST; QL (5/30)
KOMZIFTI	5	PA; QL (90/30); NDS
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (240/30); NDS
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (120/30); NDS
KOSELUGO ORAL CAPSULE, SPRINKLE	5	PA; NDS
KRAZATI	5	PA; QL (180/30); NDS
KYPROLIS	5	B/D PA; NDS
<i>lapatinib</i>	5	PA; QL (180/30); NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30/30); NDS
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60/30); NDS
<i>lenalidomide</i>	5	PA; LA; QL (28/28); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30/30); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1)	5	PA; QL (90/30); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY (10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60/30); NDS
<i>letrozole</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
LEUKERAN	4	
<i>leuprolide subcutaneous kit</i>	4	PA
LIBTAYO	5	PA; NDS
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9)	5	PA; LA; QL (18/28); NDS
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	5	PA; LA; QL (27/28); NDS
<i>lomustine oral capsule 10 mg, 40 mg</i>	4	
<i>lomustine oral capsule 100 mg</i>	5	NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS
LOQTORZI	5	PA; NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240/30); NDS
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90/30); NDS
LUNSUMIO	5	PA; NDS
LUNSUMIO VELO	5	PA; NDS
LUPRON DEPOT	5	PA; NDS
LUPRON DEPOT (3 MONTH)	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
LUTRATE DEPOT (3 MONTH)	4	PA
LYNOZYFIC	5	PA; NDS
LYNPARZA	5	PA; QL (120/30); NDS
LYSODREN	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; LA; QL (84/28); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (112/28); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (140/28); NDS
MARGENZA	5	PA; LA; NDS
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	3	PA
<i>megestrol oral tablet</i>	3	PA
MEKINIST ORAL RECON SOLN	5	PA; QL (1260/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30/30); NDS
MEKTOVI	5	PA; LA; QL (180/30); NDS
<i>melphalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine oral suspension</i>	5	NDS
<i>mercaptopurine oral tablet</i>	3	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	3	
<i>mitomycin intravenous</i>	5	B/D PA; NDS
MODEYSO	5	PA; QL (20/28); NDS
MONJUVI	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium</i>	3	B/D PA
MYLOTARG	5	PA; NDS
NELARABINE	5	B/D PA; NDS
NERLYNX	5	PA; LA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; QL (112/28); NDS
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; QL (120/30); NDS
<i>nilutamide</i>	5	PA; NDS
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	5	PA; LA; QL (120/30); NDS
NULOJIX	5	B/D PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	5	PA; NDS
<i>octreotide acetate injection syringe</i>	4	PA
<i>octreotide,microsphere s</i>	5	PA; NDS
ODOMZO	5	PA; LA; QL (30/30); NDS
OGIVRI	5	PA; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56/28); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96/28); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20/28); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24/28); NDS
OJJAARA	5	PA; QL (30/30); NDS
ONCASPAR	5	B/D PA; NDS
ONIVYDE	5	PA; NDS
ONUREG	5	PA; QL (14/28); NDS
OPDIVO	5	PA; NDS
OPDIVO QVANTIG	5	PA; NDS
OPDUALAG	5	PA; NDS
ORGOVYX	5	PA; LA; QL (30/28); NDS
ORSERDU	5	PA; LA; NDS
<i>oxaliplatin</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA
<i>paclitaxel protein- bound</i>	5	PA; NDS
PADCEV	5	PA; NDS
<i>pazopanib oral tablet 200 mg</i>	5	PA; QL (120/30); NDS
PAZOPANIB ORAL TABLET 400 MG	5	PA; QL (60/30); NDS
PEMAZYRE	5	PA; LA; QL (14/21); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	PA
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	5	PA; NDS
PERJETA	5	PA; NDS
PHESGO	5	PA; NDS
PIQRAY	5	PA; NDS
POLIVY	5	PA; NDS
<i>pomalidomide</i>	5	PA; QL (21/28); NDS
POMALYST	5	PA; LA; QL (21/28); NDS
POTELIGEO	5	PA; NDS
PRALATREXATE	5	B/D PA; NDS
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
QINLOCK	5	PA; LA; QL (90/30); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; LA; QL (60/30); NDS
RETEVMO ORAL TABLET 40 MG	5	PA; LA; QL (90/30); NDS
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120/30); NDS
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60/30); NDS
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240/30); NDS
REZLIDHIA	5	PA; QL (60/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
REZUROCK	5	PA; LA; QL (30/30); NDS
<i>romidepsin</i>	5	PA; NDS
ROMVIMZA	5	PA; LA; QL (8/28); NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (360/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS
RUXIENCE	5	PA; NDS
RYBREVA	5	PA; NDS
RYBREVA FASPRO	5	PA; NDS
RYDAPT	5	PA; QL (224/28); NDS
RYLAZE	5	B/D PA; NDS
SARCLISA	5	PA; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60/30); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300/30); NDS
SIGNIFOR	5	PA; NDS
SIMULECT	5	B/D PA; NDS
<i>sirolimus</i>	4	B/D PA
SOLTAMOX	5	NDS
SOMATULINE DEPOT	5	PA; NDS
<i>sorafenib</i>	5	PA; QL (120/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
STIVARGA	5	PA; QL (84/28); NDS
<i>sunitinib malate</i>	5	PA; QL (30/30); NDS
SYLVANT	5	B/D PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
TACROLIMUS INTRAVENOUS	4	B/D PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	B/D PA
<i>tacrolimus oral capsule 5 mg</i>	3	B/D PA
TAFINLAR ORAL CAPSULE	5	PA; QL (120/30); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (840/28); NDS
TAGRIS	5	PA; LA; QL (30/30); NDS
TALVEY	5	PA; NDS
TALZENNA	5	PA; QL (30/30); NDS
<i>tamoxifen</i>	2	
TECENTRIQ	5	PA; NDS
TECENTRIQ HYBREZA	5	PA; LA; NDS
TECVAYLI	5	PA; NDS
TEMODAR	5	B/D PA; NDS
<i>temsirolimus</i>	5	B/D PA; NDS
TEPMETKO	5	PA; LA; QL (60/30); NDS
TEVIMBRA	5	PA; NDS
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (112/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (56/28); NDS
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	5	PA; NDS
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS
<i>topotecan intravenous solution</i>	4	B/D PA
<i>toremifene</i>	4	
TRAZIMERA	5	PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
<i>tretinoin (antineoplastic)</i>	5	NDS
TRODELVY	5	PA; NDS
TRUQAP	5	PA; QL (64/28); NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300/30); NDS
TURALIO	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
<i>valrubicin</i>	4	B/D PA
VANFLYTA	5	PA; QL (56/28); NDS
VECTIBIX	5	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60/30); NDS
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (180/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (84/365); NDS
VEPPANU	5	PA; QL (30/30); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	4	B/D PA
<i>vincristine</i>	4	B/D PA
<i>vinorelbine</i>	4	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
VONJO	5	PA; QL (120/30); NDS
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60/30); NDS
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30/30); NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
VYLOY INTRAVENOUS RECON SOLN 300 MG	5	PA; LA; NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI ORAL CAPSULE	5	PA; QL (60/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
XALKORI ORAL PELLET 150 MG	5	PA; QL (180/30); NDS
XALKORI ORAL PELLET 20 MG, 50 MG	5	PA; QL (120/30); NDS
XATMEP	4	
XERMELO	5	PA; LA; QL (84/28); NDS
XOSPATA	5	PA; LA; NDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; NDS
XPOVIO ORAL TABLET 80 MG/WEEK (80 MG X 1)	5	PA; NDS
XTANDI ORAL CAPSULE	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 80 MG	5	PA; QL (60/30); NDS
YERVOY	5	PA; NDS
YONDELIS	5	PA; NDS
<i>yulithira</i>	4	PA; QL (30/30)
ZALTRAP	4	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
ZEJULA ORAL TABLET	5	PA; LA; QL (30/30); NDS
ZELBORAF	5	PA; QL (240/30); NDS
ZEPZELCA	5	PA; NDS
ZIIHERA	5	PA; NDS
ZIRABEV	5	PA; NDS
ZOLINZA	5	PA; QL (120/30); NDS
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA	5	PA; QL (90/30); NDS
ZYNLONTA	5	PA; LA; NDS
ZYNYZ	5	PA; NDS

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

<i>brivaracetam intravenous</i>	4	
<i>brivaracetam oral solution</i>	5	QL (600/30); NDS
<i>brivaracetam oral tablet</i>	5	QL (60/30); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension</i>	3	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	2	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120/30)
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	3	QL (90/30)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	3	QL (120/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	QL (300/30)
DIACOMIT	5	LA; NDS
<i>diazepam rectal</i>	4	
DILANTIN	3	
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	3	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
EPIDIOLEX	5	PA; LA; NDS
<i>eslicarbazepine oral tablet 200 mg</i>	4	QL (180/30); NDS
<i>eslicarbazepine oral tablet 400 mg</i>	4	QL (90/30); NDS
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	QL (60/30); NDS
<i>ethosuximide</i>	3	
<i>felbamate</i>	4	
FINTEPLA	5	PA; LA; QL (360/30); NDS
<i>fosphenytoin</i>	3	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	3	QL (360/30)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270/30)
<i>gabapentin oral solution</i>	4	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120/30)
<i>lacosamide intravenous</i>	5	QL (1200/30); NDS
LACOSAMIDE ORAL SOLUTION	3	QL (1200/30)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	QL (60/30)
<i>lacosamide oral tablet 50 mg</i>	3	QL (120/30)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine oral tablet, chewable dispersible 25 mg</i>	3	
<i>lamotrigine oral tablet, chewable dispersible 5 mg</i>	2	
<i>lamotrigine oral tablet, disintegrating</i>	2	
<i>lamotrigine oral tablets, dose pack</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	4	
<i>levetiracetam intravenous</i>	3	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet extended release 24 hr</i>	2	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	4	
<i>methsuximide</i>	3	
NAYZILAM	4	PA; QL (10/30)
<i>oxcarbazepine oral suspension</i>	3	
<i>oxcarbazepine oral tablet</i>	2	
<i>perampanel oral suspension</i>	5	QL (720/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	4	QL (30/30); NDS
<i>perampanel oral tablet 2 mg</i>	4	QL (60/30)
<i>perampanel oral tablet 4 mg, 6 mg</i>	4	QL (60/30); NDS
<i>phenobarbital oral elixir</i>	3	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	3	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	3	
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium intravenous solution</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (120/30)
<i>pregabalin oral capsule 200 mg</i>	2	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
PRIMIDONE ORAL TABLET 125 MG	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra</i>	2	
<i>rufinamide oral suspension</i>	5	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>rufinamide oral tablet 200 mg</i>	3	PA
<i>rufinamide oral tablet 400 mg</i>	5	PA; NDS
SPRITAM	4	
SUBVENITE ORAL SUSPENSION	5	NDS
<i>subvenite oral tablet</i>	2	
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60/30); NDS
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (60/30); NDS
<i>tiagabine</i>	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	3	PA
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	3	PA
<i>topiramate oral capsule, extended release 24hr</i>	4	PA
<i>topiramate oral solution</i>	4	PA
<i>topiramate oral tablet</i>	2	PA
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO	5	PA; QL (10/30); NDS
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	5	PA; LA; QL (180/30); NDS
VIGAFYDE	5	PA; LA; QL (900/30); NDS
XCOPRI MAINTENANCE PACK	5	PA; QL (56/28); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA; QL (30/30); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60/30); NDS
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)-25 MG (14)	4	PA; QL (56/365)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)-200 MG (14), 50 MG (14)-100 MG (14)	5	PA; QL (56/365); NDS
ZONISADE	5	PA; NDS
<i>zonisamide</i>	2	PA
ZTALMY	5	PA; LA; QL (1100/30); NDS
ANTIPARKINSONISM AGENTS		
<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	PA
<i>bromocriptine</i>	4	
<i>carbidopa</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
CARBIDOPA- LEVODOPA ORAL CAPSULE, EXTENDED RELEASE	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	3	
<i>carbidopa-levodopa- entacapone</i>	3	
<i>entacapone</i>	4	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300/30); NDS
ONGENTYS	3	
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	4	
<i>rasagiline</i>	4	
<i>ropinirole oral tablet</i>	2	
<i>selegiline hcl</i>	3	
<i>trihexyphenidyl oral elixir</i>	3	
<i>trihexyphenidyl oral tablet</i>	2	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
<i>dihydroergotamine nasal</i>	4	QL (8/28); NDS
<i>ergotamine-caffeine</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>migergot</i>	5	NDS
<i>naratriptan</i>	2	QL (18/28)
NURTEC ODT	3	PA; QL (16/30)
<i>rizatriptan oral tablet</i>	2	QL (36/28)
<i>rizatriptan oral tablet, disintegrating</i>	3	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (18/28)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (36/28)
<i>sumatriptan succinate oral</i>	2	QL (18/28)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120/30); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	5	PA; LA; QL (30/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (56/365); NDS
<i>dalfampridine</i>	3	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; QL (14/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120/365)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; QL (60/30); NDS
<i>donepezil oral tablet 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet 5 mg</i>	1	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30/30)
EDARAVONE	5	PA; NDS
<i> fingolimod</i>	5	PA; QL (30/30); NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral solution</i>	4	QL (200/30)
<i>galantamine oral tablet</i>	4	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
KESIMPTA PEN	5	PA; QL (1.6/28); NDS
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	5	PA; NDS
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg</i>	4	PA
<i>memantine oral capsule, sprinkle, er 24hr 28 mg, 7 mg</i>	3	PA
<i>memantine oral solution</i>	3	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	2	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	2	PA; QL (90/30)
MEMANTINE ORAL TABLETS, DOSE PACK	2	PA; QL (98/365)
<i>memantine-donepezil</i>	3	PA
NUEDEXTA	5	PA; NDS
RADICAVA	5	PA; NDS
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>teriflunomide</i>	5	PA; QL (30/30); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240/30)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS
ZEPOSIA	5	PA; QL (30/30); NDS
ZEPOSIA STARTER KIT (28-DAY)	5	PA; QL (56/365); NDS
ZEPOSIA STARTER PACK (7-DAY)	5	PA; QL (14/365); NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	3	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA
<i>dantrolene oral</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>pyridostigmine bromide oral syrup</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	4	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	3	
<i>tizanidine oral tablet</i>	1	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	5	PA; LA; NDS
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution</i>	3	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	QL (360/30); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	QL (180/30); NDS
<i>buprenorphine</i>	4	QL (4/28); NDS
<i>buprenorphine hcl injection</i>	5	NDS
<i>buprenorphine hcl sublingual</i>	3	
<i>endocet</i>	3	QL (360/30); NDS
<i>fentanyl</i>	4	QL (10/30); NDS
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml</i>	4	QL (5550/30); NDS
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML	4	QL (5550/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	3	QL (390/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-ibuprofen</i>	3	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	3	QL (180/30); NDS
<i>hydromorphone oral tablet extended release 24 hr</i>	4	QL (60/30); NDS
INFUMORPH P/F	5	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	3	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	3	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	NDS
<i>morphine concentrate oral solution</i>	3	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	NDS
<i>morphine intravenous solution 10 mg/ml</i>	4	NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	NDS
<i>morphine oral solution</i>	3	QL (900/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine oral tablet</i>	3	QL (180/30); NDS
<i>morphine oral tablet extended release</i>	3	QL (120/30); NDS
<i>oxycodone oral concentrate</i>	4	QL (180/30); NDS
<i>oxycodone oral solution</i>	4	QL (1200/30); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	3	QL (360/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	3	QL (180/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	3	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
SUBLOCADE	5	NDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film</i>	4	
<i>buprenorphine-naloxone sublingual tablet</i>	2	
<i>butorphanol nasal</i>	4	QL (10/28); NDS
<i>celecoxib</i>	2	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac sodium topical drops</i>	4	PA; QL (300/28)
<i>diclofenac sodium topical solution in metered-dose pump</i>	4	PA; QL (224/28)
<i>diflunisal</i>	3	
<i>etodolac oral capsule</i>	4	
<i>etodolac oral tablet 400 mg</i>	3	
<i>etodolac oral tablet 500 mg</i>	4	
<i>etodolac oral tablet extended release 24 hr</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	3	
KLOXXADO	3	
<i>meloxicam oral tablet 15 mg</i>	3	
<i>meloxicam oral tablet 7.5 mg</i>	3	QL (60/30)
<i>nabumetone</i>	2	
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe</i>	2	
<i>naloxone nasal</i>	3	
<i>naltrexone</i>	2	
<i>naproxen oral suspension</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen oral tablet</i>	3	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
<i>oxaprozin oral tablet</i>	4	
REXTOVY	3	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	2	QL (240/30); NDS
VIVITROL	5	NDS
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4/56); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2/56); NDS
ABILIFY MAINTENA	5	QL (1/28); NDS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150/30)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (90/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam oral tablet, disintegrating 2 mg</i>	3	QL (150/30)
<i>amitriptyline</i>	3	
<i>amoxapine</i>	3	
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	3	QL (60/30)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	3	QL (30/30)
<i>aripiprazole oral tablet, disintegrating</i>	4	QL (60/30)
ARISTADA INITIO	5	QL (4.8/365); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9/56); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2/28); NDS
<i>armodafinil</i>	4	PA; QL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	4	QL (60/30)
<i>asenapine maleate sublingual tablet 5 mg</i>	4	QL (90/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30/30)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	5	ST; QL (60/30); NDS
AUVELITY ORAL TABLET, IR ER BIPHASIC, DOSEPAC K	4	ST; QL (102/365)
BELSOMRA	3	QL (30/30)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	2	QL (120/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	2	QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
BYSANTI ORAL TABLET 1 MG	5	PA; QL (180/30); NDS
BYSANTI ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (60/30); NDS
BYSANTI TITRATION PACK A	5	PA; QL (16/365); NDS
BYSANTI TITRATION PACK B	5	PA; QL (24/365); NDS
BYSANTI TITRATION PACK C	5	PA; QL (16/365); NDS
CAPLYTA	5	QL (30/30); NDS
<i>chlorpromazine injection</i>	4	
<i>chlorpromazine oral</i>	3	
<i>citalopram oral solution</i>	3	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (60/30)
<i>citalopram oral tablet 40 mg</i>	1	QL (30/30)
<i>clomipramine</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	QL (360/30)
<i>clozapine oral tablet</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine oral tablet, disintegrating</i>	4	
COBENFY	5	ST; QL (60/30); NDS
COBENFY STARTER PACK	5	ST; QL (56/180); NDS
<i>desipramine</i>	3	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	3	QL (120/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	QL (60/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	3	QL (90/30)
<i>dexmethylphenidate oral tablet</i>	3	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	4	
<i>dextroamphetamine sulfate oral solution</i>	4	QL (1800/30); NDS
<i>dextroamphetamine sulfate oral tablet</i>	4	
<i>dextroamphetamine- amphetamine oral capsule, extended release 24hr</i>	4	QL (60/30)
<i>dextroamphetamine- amphetamine oral tablet 10 mg</i>	3	QL (180/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	3	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	3	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	3	QL (90/30)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	3	QL (360/30)
<i>diazepam injection</i>	2	
<i>diazepam intensol</i>	2	QL (360/30)
<i>diazepam oral concentrate</i>	2	QL (360/30)
<i>diazepam oral solution</i>	2	QL (1800/30)
<i>diazepam oral tablet</i>	2	QL (180/30)
<i>doxepin oral capsule</i>	3	
<i>doxepin oral concentrate</i>	3	
<i>doxepin oral tablet</i>	4	QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	4	QL (60/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	4	QL (120/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	2	QL (60/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (120/30)
EMSAM	5	QL (30/30); NDS
<i>escitalopram oxalate oral solution</i>	3	QL (600/30)
<i>escitalopram oxalate oral tablet 10 mg</i>	3	QL (60/30)
<i>escitalopram oxalate oral tablet 20 mg</i>	3	QL (30/30)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (60/30)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR	5	ST; QL (30/30); NDS
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	5	ST; QL (32/180); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	5	PA; QL (60/30); NDS
FANAPT ORAL TABLET 8 MG	5	PA; QL (90/30); NDS
FANAPT TITRATION PACK A	4	PA; QL (16/365)
FANAPT TITRATION PACK B	4	PA; QL (24/365)
FANAPT TITRATION PACK C	4	PA; QL (16/365)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (56/365)
FETZIMA ORAL CAPSULE,EXTENDE D RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine (pmdd)</i>	3	QL (120/30)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (120/30)
<i>fluoxetine oral capsule 20 mg</i>	1	QL (90/30)
<i>fluoxetine oral capsule 40 mg</i>	3	QL (90/30)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	3	QL (4/28)
<i>fluoxetine oral solution</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	3	QL (120/30)
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	3	
<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	2	QL (90/30)
<i>fluvoxamine oral tablet 50 mg</i>	2	QL (120/30)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	3	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	
<i>imipramine hcl</i>	3	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	QL (3.5/180); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	QL (5/180); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	QL (0.88/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	QL (1.32/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63/90); NDS
<i>lisdexamfetamine oral tablet, chewable</i>	4	QL (30/30)
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	3	
<i>lorazepam injection</i>	4	
<i>lorazepam intensol</i>	3	QL (150/30)
<i>lorazepam oral concentrate</i>	3	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	3	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	3	QL (150/30)
<i>loxapine succinate</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30/30)
<i>lurasidone oral tablet 80 mg</i>	4	QL (60/30)
LYBALVI	4	PA; QL (30/30)
MARPLAN	4	QL (180/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl oral tablet</i>	3	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	3	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	3	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60/30)
<i>molindone oral tablet 10 mg</i>	3	
<i>molindone oral tablet 25 mg, 5 mg</i>	4	
<i>nefazodone</i>	4	
<i>nortriptyline oral capsule</i>	2	
<i>nortriptyline oral solution</i>	3	
NUPLAZID	5	PA; QL (30/30); NDS
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine oral tablet 15 mg, 20 mg</i>	3	QL (30/30)
<i>olanzapine oral tablet,disintegrating 10 mg, 5 mg</i>	4	QL (60/30)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg</i>	4	QL (30/30)
<i>olanzapine-fluoxetine</i>	4	
OPIPZA ORAL FILM 10 MG	5	ST; QL (90/30); NDS
OPIPZA ORAL FILM 2 MG, 5 MG	5	ST; QL (60/30); NDS
<i>oxazepam</i>	3	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	4	PA; QL (30/30)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	4	PA; QL (60/30)
<i>paroxetine hcl oral suspension</i>	4	QL (900/30)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (180/30)
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	1	QL (30/30)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60/30)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	QL (60/30)
<i>perphenazine</i>	4	
<i>perphenazine- amitriptyline</i>	4	
<i>phenelzine</i>	3	
<i>pimozide</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>protriptyline</i>	4	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (120/30)
QUETIAPINE ORAL TABLET 150 MG	2	QL (90/30)
<i>quetiapine oral tablet 200 mg</i>	2	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	QL (60/30)
RALDESY	5	NDS
<i>ramelteon</i>	3	QL (30/30)
REXULTI ORAL TABLET	5	QL (30/30); NDS
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	4	QL (2/28)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	QL (2/28); NDS
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	2	QL (120/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone oral tablet 1 mg</i>	2	QL (180/30)
<i>risperidone oral tablet 2 mg</i>	2	QL (90/30)
<i>risperidone oral tablet 3 mg</i>	2	QL (60/30)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	4	QL (120/30)
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	QL (180/30)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	QL (90/30)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	QL (60/30)
SECUADO	5	QL (30/30); NDS
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet 100 mg, 25 mg</i>	1	QL (60/30)
<i>sertraline oral tablet 50 mg</i>	3	QL (60/30)
SODIUM OXYBATE	5	PA; LA; QL (540/30); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	5	PA; QL (16/28); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	5	PA; QL (18/28); NDS
<i>tasimelteon</i>	5	PA; QL (30/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (60/365)
<i>thioridazine</i>	3	
<i>thiothixene</i>	4	
<i>tranylcypromine</i>	4	
<i>trazodone oral tablet 100 mg</i>	1	
<i>trazodone oral tablet 150 mg, 300 mg, 50 mg</i>	3	
<i>trifluoperazine</i>	3	
<i>trimipramine</i>	4	
TRINTELLIX	4	ST; QL (30/30)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	3	QL (60/30)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	3	QL (90/30)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	2	QL (90/30)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	2	QL (120/30)
VERSACLOZ	5	NDS
<i>vilazodone oral tablet 10 mg, 20 mg</i>	4	QL (30/30)
<i>vilazodone oral tablet 40 mg</i>	3	QL (30/30)
VRAYLAR ORAL CAPSULE	3	QL (30/30)
<i>zaleplon oral capsule 10 mg</i>	4	QL (60/30)
<i>zaleplon oral capsule 5 mg</i>	4	QL (30/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>ziprasidone hcl oral capsule 20 mg</i>	3	QL (180/30)
<i>ziprasidone hcl oral capsule 40 mg</i>	3	QL (120/30)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	3	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	2	QL (30/30)
ZURZUVAE	5	PA; NDS

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	4	B/D PA
<i>amiodarone oral</i>	3	
<i>dofetilide</i>	3	
<i>flecainide oral tablet 100 mg, 150 mg</i>	2	
<i>flecainide oral tablet 50 mg</i>	3	
<i>lidocaine (pf) intravenous</i>	4	
<i>mexiletine oral capsule 150 mg, 250 mg</i>	2	
<i>mexiletine oral capsule 200 mg</i>	3	
MULTAQ	3	QL (60/30)
<i>pacerone oral tablet 100 mg, 200 mg</i>	3	
<i>propafenone oral capsule, extended release 12 hr</i>	4	
<i>propafenone oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>quinidine sulfate oral tablet</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	2	
<i>aliskiren</i>	4	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiacid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	3	
<i>azilsartan medoxomil</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	2	
<i>bisoprolol-hydrochlorothiazide</i>	3	
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>cartia xt</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>clonidine hcl oral tablet 0.3 mg</i>	3	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i>	3	QL (4/28)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr, 0.3 mg/24 hr</i>	4	QL (4/28)
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral</i>	2	
<i>dilt-xr</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30/30)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60/30)
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>eplerenone</i>	3	
<i>ethacrynate sodium</i>	5	NDS
<i>felodipine</i>	2	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection</i>	4	
<i>furosemide oral solution</i>	2	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	4	
<i>hydralazine oral</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isosorbide-hydralazine</i>	3	QL (180/30)
<i>isradipine</i>	3	
KERENDIA	3	PA; QL (30/30)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	1	
<i>nadolol</i>	3	
<i>nebivolol</i>	3	
<i>nicardipine intravenous solution</i>	4	
<i>nicardipine oral</i>	4	
<i>nifedipine oral tablet extended release</i>	3	
<i>nifedipine oral tablet extended release 24hr</i>	3	
<i>nimodipine oral capsule</i>	4	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM MONTH 1 TITRATION KT	5	PA; NDS
ORENITRAM MONTH 2 TITRATION KT	5	PA; NDS
ORENITRAM MONTH 3 TITRATION KT	5	PA; NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	5	NDS
<i>pindolol</i>	3	
<i>prazosin</i>	3	
<i>propranolol oral capsule, extended release 24 hr</i>	2	
<i>propranolol oral solution</i>	2	
<i>propranolol oral tablet</i>	3	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadylt er</i>	2	
<i>timolol maleate oral</i>	4	
<i>torseamide oral</i>	2	
<i>trandolapril</i>	1	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene-hydrochlorothiazid</i>	1	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60/30)
<i>valsartan oral tablet 320 mg</i>	1	QL (30/30)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>verapamil intravenous solution</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution</i>	5	NDS
<i>aminocaproic acid oral tablet</i>	4	
<i>aspirin-dipyridamole</i>	4	
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	4	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)
<i>dabigatran etexilate</i>	4	
<i>dipyridamole oral</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>DOPTELET (10 TAB PACK)</i>	5	PA; LA; NDS
<i>DOPTELET (15 TAB PACK)</i>	5	PA; LA; NDS
<i>DOPTELET (30 TAB PACK)</i>	5	PA; LA; NDS
<i>DOPTELET SPRINKLE</i>	5	PA; LA; NDS
<i>ELIQUIS</i>	3	
<i>ELIQUIS DVT-PE TREAT 30D START</i>	3	
<i>ELIQUIS SPRINKLE</i>	3	
<i>eltrombopag olamine oral powder in packet 12.5 mg</i>	5	PA; QL (360/30); NDS
<i>eltrombopag olamine oral powder in packet 25 mg</i>	5	PA; QL (180/30); NDS
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg</i>	5	PA; QL (30/30); NDS
<i>eltrombopag olamine oral tablet 75 mg</i>	5	PA; QL (60/30); NDS
<i>enoxaparin</i>	3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) in 5 % dex</i>	4	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	4	
<i>heparin (porcine) injection solution</i>	3	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	
HEPARIN, PORCINE (PF) INJECTION SYRINGE	4	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	
<i>prasugrel hcl</i>	3	
<i>rivaroxaban oral tablet</i>	4	QL (60/30)
<i>ticagrelor</i>	4	QL (60/30)
<i>warfarin</i>	1	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	3	
<i>cholestyramine light</i>	3	
<i>colesevelam</i>	3	
<i>colestipol oral granules</i>	4	
<i>colestipol oral packet</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>colestipol oral tablet</i>	3	
<i>ezetimibe</i>	1	QL (30/30)
<i>ezetimibe-simvastatin</i>	1	QL (30/30)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	
<i>fenofibrate nanocrystallized</i>	3	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	3	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	4	
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30/30)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60/30)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (30/30)
<i>gemfibrozil</i>	3	
<i>icosapent ethyl</i>	3	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
NEXLETOL	3	PA; QL (30/30)
NEXLIZET	3	PA; QL (30/30)
<i>niacin oral tablet 500 mg</i>	3	
<i>niacin oral tablet extended release 24 hr</i>	3	
NIACOR	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>omega-3 acid ethyl esters</i>	3	
<i>pitavastatin calcium</i>	1	QL (30/30)
<i>pravastatin</i>	1	QL (30/30)
REPATHA SURECLICK	3	PA; QL (6/28)
REPATHA SYRINGE	3	PA; QL (6/28)
<i>rosuvastatin</i>	1	QL (30/30)
<i>simvastatin</i>	1	QL (30/30)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA; QL (30/30); NDS
<i>digoxin injection</i>	4	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	4	
ENTRESTO SPRINKLE	3	QL (240/30)
FILSPARI	5	PA; QL (30/30); NDS
<i>ivabradine</i>	4	PA; QL (60/30)
LANOXIN PEDIATRIC	4	
<i>ranolazine</i>	3	QL (60/30)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	3	QL (180/30)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	3	QL (60/30)
VERQUVO	3	PA; QL (30/30)
VYNDAMAX	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
VYNDAQEL	5	PA; NDS
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide mononitrate oral tablet</i>	3	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	

DERMATOLOGICALS/ TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4	PA
<i>calcipotriene scalp</i>	3	QL (120/30)
<i>calcipotriene topical cream</i>	4	QL (120/30)
<i>calcipotriene topical ointment</i>	4	QL (120/30)
COSENTYX (2 SYRINGES)	5	PA; QL (10/28); NDS
COSENTYX INTRAVENOUS	5	PA; NDS
COSENTYX PEN	5	PA; QL (10/28); NDS
COSENTYX PEN (2 PENS)	5	PA; QL (10/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5/28); NDS
COSENTYX UNOREADY PEN	5	PA; QL (10/28); NDS
OTULFI INTRAVENOUS	5	PA; QL (104/180); NDS
OTULFI SUBCUTANEOUS SOLUTION	3	PA; QL (0.5/28)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5/28)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
<i>selenium sulfide topical lotion</i>	3	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (6/365); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (6/365); NDS
TREMFYA INTRAVENOUS	5	PA; QL (20/28); NDS
TREMFYA ONE- PRESS	5	PA; QL (2/28); NDS
TREMFYA PEN	5	PA; QL (2/28); NDS
TREMFYA PEN INDUCTION PK(2PEN)	5	PA; QL (24/365); NDS

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8/28); NDS
EUCRISA	4	PA; QL (120/30)
FLUOROURACIL TOPICAL CREAM 0.5 %	5	NDS
<i>fluorouracil topical cream 5 %</i>	3	
<i>fluorouracil topical solution</i>	3	
<i>glydo</i>	3	QL (60/30)
<i>imiquimod topical cream in metered-dose pump</i>	4	
<i>imiquimod topical cream in packet 3.75 %</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>imiquimod topical cream in packet 5 %</i>	3	
<i>lidocaine (pf) injection solution</i>	4	
<i>lidocaine hcl injection solution</i>	4	
<i>lidocaine hcl laryngotracheal</i>	3	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; QL (90/30)
<i>lidocaine topical ointment</i>	3	QL (50/30)
<i>lidocaine-prilocaine topical cream</i>	4	QL (30/30)
<i>methoxsalen</i>	5	NDS
PANRETIN	5	NDS
<i>pimecrolimus</i>	4	PA; QL (100/30)
<i>podofilox topical solution</i>	3	
SANTYL	4	QL (180/30)
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
<i>tacrolimus topical</i>	4	PA; QL (100/30)
VALCHLOR	5	PA; NDS
ZTLIDO	4	PA; QL (90/30)

Drug Name	Drug Tier	Requirements/ Limits
THERAPY FOR ACNE		
<i>adapalene topical gel 0.3 %</i>	4	QL (45/30)
<i>adapalene topical gel with pump</i>	4	
<i>amnestem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>clindacin etz topical swab</i>	3	QL (69/30)
<i>clindacin p</i>	3	QL (69/30)
<i>clindamycin phosphate topical gel</i>	4	QL (120/30)
<i>clindamycin phosphate topical gel, once daily</i>	4	QL (150/30)
<i>clindamycin phosphate topical lotion</i>	3	QL (120/30)
<i>clindamycin phosphate topical solution</i>	3	QL (120/30)
<i>clindamycin phosphate topical swab</i>	3	QL (60/30)
<i>ery pads</i>	3	
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	3	
<i>erythromycin-benzoyl peroxide</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	4	
<i>tazarotene topical cream</i>	4	PA
<i>tazarotene topical gel</i>	4	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin microspheres topical gel 0.04 %</i>	4	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %</i>	4	PA
<i>tretinoin topical cream</i>	4	PA
<i>tretinoin topical gel 0.01 %</i>	3	PA
<i>tretinoin topical gel 0.025 %, 0.05 %</i>	4	PA
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	3	QL (60/30)
<i>gentamicin topical ointment</i>	3	
<i>mupirocin</i>	3	QL (44/30)
<i>mupirocin calcium</i>	4	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	3	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	3	
<i>ciclopirox topical cream</i>	3	QL (90/28)
<i>ciclopirox topical shampoo</i>	3	QL (120/28)
<i>ciclopirox topical solution</i>	3	QL (6.6/28)
<i>ciclopirox topical suspension</i>	3	QL (60/28)
<i>clotrimazole topical cream</i>	3	QL (45/28)
<i>clotrimazole topical solution</i>	3	QL (30/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole-betamethasone topical cream</i>	3	QL (45/28)
<i>clotrimazole-betamethasone topical lotion</i>	3	QL (60/28)
<i>econazole nitrate topical cream</i>	3	QL (85/28)
<i>ketoconazole topical cream</i>	3	QL (60/28)
<i>ketoconazole topical shampoo</i>	3	QL (120/28)
<i>klayesta</i>	3	QL (180/30)
<i>naftifine topical cream</i>	3	QL (60/28)
<i>naftifine topical gel</i>	3	QL (60/30)
<i>nyamyc</i>	3	QL (180/30)
<i>nystatin topical cream</i>	3	QL (30/28)
<i>nystatin topical ointment</i>	3	QL (30/28)
<i>nystatin topical powder</i>	3	QL (180/30)
<i>nystatin-triamcinolone</i>	4	QL (60/28)
<i>nystop</i>	3	QL (180/30)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	QL (30/30)
<i>penciclovir</i>	4	QL (5/30)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	1	
<i>alclometasone</i>	3	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone, augmented</i>	3	
<i>clobetasol scalp</i>	3	QL (100/28)
<i>clobetasol topical cream 0.05 %</i>	3	QL (120/28)
<i>clobetasol topical foam</i>	4	QL (100/28)
<i>clobetasol topical gel</i>	3	QL (120/28)
<i>clobetasol topical ointment</i>	3	QL (120/28)
<i>clobetasol topical shampoo</i>	4	QL (236/28)
<i>clobetasol-emollient topical cream</i>	3	QL (120/28)
<i>clobetasol-emollient topical foam</i>	4	QL (100/28)
CLOCORTOLONE PIVALATE	4	
<i>clodan</i>	4	QL (236/28)
<i>desonide topical cream</i>	3	
<i>desonide topical lotion</i>	3	
<i>desonide topical ointment</i>	3	
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone</i>	3	
<i>fluocinolone and shower cap</i>	3	
<i>fluocinonide topical cream 0.05 %</i>	3	QL (120/30)
<i>fluocinonide topical cream 0.1 %</i>	4	QL (120/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide topical gel</i>	3	QL (120/30)
<i>fluocinonide topical ointment</i>	3	QL (120/30)
<i>fluocinonide topical solution</i>	3	QL (120/30)
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical ointment</i>	2	
<i>halobetasol propionate topical cream</i>	3	
<i>halobetasol propionate topical ointment</i>	3	
<i>hydrocortisone butyrate topical cream</i>	4	QL (120/30)
<i>hydrocortisone butyrate topical ointment</i>	3	QL (120/30)
<i>hydrocortisone butyrate topical solution</i>	3	QL (120/30)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	3	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate</i>	3	
<i>mometasone topical</i>	3	
<i>triamcinolone acetonide topical cream</i>	3	
<i>triamcinolone acetonide topical lotion</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide topical ointment</i>	3	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	4	
<i>permethrin</i>	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	4	
<i>ringer's irrigation</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	3	
<i>anagrelide</i>	3	
<i>carglumic acid</i>	5	PA; LA; NDS
<i>cevimeline</i>	4	
CHEMET	5	PA; NDS
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
CUVRIOR	5	PA; LA; QL (300/30); NDS
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
D5 % (D-GLUCOSE)- 0.9 % SODCHLR	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>d5 %-0.45 % sodium chloride</i>	4	
<i>deferasirox oral granules in packet</i>	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferiprone</i>	5	PA; NDS
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	4	
<i>dextrose 5 %-lactated ringers</i>	4	
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
DEXTROSE 50 % IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram</i>	3	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90/30)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180/30); NDS
FERRIPROX (2 TIMES A DAY)	5	PA; NDS
FERRIPROX ORAL SOLUTION	5	PA; NDS
<i>glutamine (sickle cell)</i>	5	PA; QL (180/30); NDS
INCRELEX	5	PA; LA; NDS
<i>kionex oral suspension</i>	3	
<i>levocarnitine (with sugar)</i>	4	
<i>levocarnitine oral solution 100 mg/ml</i>	4	
<i>levocarnitine oral tablet</i>	3	
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34/30)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (90/30)
<i>midodrine</i>	3	
<i>nitisinone</i>	5	PA; NDS
<i>pilocarpine hcl oral tablet 5 mg</i>	3	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	4	
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA; NDS

Drug Name	Drug Tier	Requirements/ Limits
REVCovi	5	PA; NDS
REZDIFFRA	5	PA; QL (30/30); NDS
<i>riluzole</i>	3	
<i>risedronate oral tablet 30 mg</i>	3	QL (30/30)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	PA; QL (510/30)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	PA; QL (150/30)
<i>sevelamer carbonate oral tablet</i>	4	PA; QL (510/30)
<i>sodium chloride 0.9 % intravenous</i>	4	
SODIUM CHLORIDE IRRIGATION	4	
<i>sodium phenylbutyrate</i>	5	PA; NDS
<i>sodium polystyrene sulfonate</i>	3	
<i>sps (with sorbitol) oral</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; QL (240/30); NDS
TZIELD	5	PA; QL (14/999); NDS
<i>water for irrigation, sterile</i>	4	
WEGOVY ORAL	3	PA; QL (30/30)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; QL (2/28)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3/28)
XIAFLEX	5	PA; NDS
zoledronic acid- mannitol-water intravenous piggyback 5 mg/100 ml	4	B/D PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	2	QL (60/30)
NICOTROL NS	4	
VARENICLINE TARTRATE ORAL TABLET	4	
varenicline tartrate oral tablets,dose pack	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	2	QL (60/30)
chlorhexidine gluconate mucous membrane	1	
fluoride (sodium) dental	2	
ipratropium bromide nasal	2	QL (30/30)
kourzeq	3	
oralone	3	
periogard	1	

Drug Name	Drug Tier	Requirements/ Limits
sodium fluoride 5000 dry mouth	2	
sodium fluoride 5000 plus	2	
sodium fluoride-pot nitrate	2	
triamcinolone acetonide dental	3	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	3	
flac otic oil	3	
fluocinolone acetonide oil	3	
hydrocortisone-acetic acid	3	
ofloxacin otic (ear)	3	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin- dexamethasone	3	
CORTISPORIN-TC	4	
neomycin-polymyxin- hc otic (ear)	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone	4	
DEPO-MEDROL	4	
dexamethasone intensol	4	
dexamethasone oral elixir	2	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection solution</i>	4	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone sod succinate</i>	4	
MEDROL ORAL TABLET 2 MG	3	B/D PA
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone oral tablet</i>	2	B/D PA
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	
<i>methylprednisolone sodium succ intravenous</i>	4	
<i>prednisolone oral solution</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	
<i>prednisolone sodium phosphate oral syringe</i>	3	
<i>prednisone intensol</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone oral solution</i>	3	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>prednisone oral tablet 50 mg</i>	2	
<i>prednisone oral tablets,dose pack</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	4	
TARPEYO	5	PA; QL (120/30); NDS
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	3	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	1	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	1	QL (180/30)
<i>alcohol pads</i>	2	PA
ALCOHOL PREP PADS	2	PA
ALCOHOL SWABS	2	PA
ALCOHOL WIPES	2	PA
CARETOUCH ALCOHOL PREP PAD	2	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
CURITY ALCOHOL SWABS	2	PA
CYCLOSET	4	QL (180/30)
<i>dapagliflozin oral tablet 10 mg</i>	1	QL (30/30)
<i>dapagliflozin oral tablet 5 mg</i>	1	QL (60/30)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg</i>	1	QL (30/30)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg</i>	1	QL (60/30)
<i>diazoxide</i>	5	NDS
DROPSAFE ALCOHOL PREP PADS	2	PA
EASY COMFORT ALCOHOL PAD	2	PA
EASY TOUCH ALCOHOL PREP PADS	2	PA
FARXIGA ORAL TABLET 10 MG	3	ST; QL (30/30)
FARXIGA ORAL TABLET 5 MG	3	ST; QL (60/30)
FIASP FLEXTOUCH U-100 INSULIN	3	
FIASP PENFILL U-100 INSULIN	3	
FIASP PUMPCART	3	
FIASP U-100 INSULIN	3	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)
<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)
GLIPIZIDE ORAL TABLET 15 MG	1	QL (60/30)
GLIPIZIDE ORAL TABLET 2.5 MG	1	QL (30/30)
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240/30)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120/30)
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
GVOKE	3	QL (0.8/30)
GVOKE HYOPEN 1-PACK	3	QL (0.8/30)
GVOKE HYOPEN 2-PACK	3	QL (0.8/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75- 25(U-100)INSULIN	3	
HUMALOG U-100 INSULIN	3	
HUMULIN 70/30 U-100 INSULIN	3	
HUMULIN 70/30 U-100 KWIKPEN	3	
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U- 100 INSULIN	3	
HUMULIN R REGULAR U-100 INSULIN	3	
HUMULIN R U-500 (CONC) INSULIN	5	NDS
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
INSULIN LISPRO	3	
INSULIN LISPRO PROTAMIN-LISPRO	3	
IV PREP WIPES	2	PA
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
JARDIANCE	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
LYUMJEV KWIKPEN U-100 INSULIN	3	
LYUMJEV KWIKPEN U-200 INSULIN	3	
LYUMJEV U-100 INSULIN	3	
<i>metformin oral solution</i>	1	QL (765/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet 850 mg</i>	1	QL (90/30)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60/30)

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Drug Name	Drug Tier	Requirements/ Limits
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	ST; QL (60/30)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150/30)
<i>miglitol oral tablet 100 mg</i>	4	QL (90/30)
<i>miglitol oral tablet 25 mg</i>	4	QL (360/30)
<i>miglitol oral tablet 50 mg</i>	4	QL (180/30)
MOUNJARO	3	PA; QL (2/28)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)
NOVOLIN R FLEXPEN	4	
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	
OZEMPIC ORAL	3	PA; QL (30/30)
OZEMPIC SUBCUTANEOUS	3	PA; QL (3/28)
<i>pioglitazone</i>	1	QL (30/30)
<i>pioglitazone-metformin</i>	1	QL (90/30)
PRO COMFORT ALCOHOL PADS	2	PA
PURE COMFORT ALCOHOL PADS	2	PA
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)
RYBELSUS	3	PA; QL (30/30)
<i>sitagliptin phos-metformin oral tablet</i>	3	QL (60/30)
<i>sitagliptin phosphate</i>	3	QL (30/30)
SOLIQUA 100/33	3	QL (15/24)
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
TRADJENTA	3	QL (30/30)
TRUE COMFORT ALCOHOL PADS	2	PA
TRUE COMFORT PRO ALCOHOL PADS	2	PA
TRULICITY	3	PA; QL (2/28)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; NDS
<i>cabergoline</i>	3	
<i>calcitonin (salmon) injection</i>	5	NDS
<i>calcitonin (salmon) nasal</i>	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	4	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg</i>	3	QL (60/30)
<i>cinacalcet oral tablet 60 mg</i>	4	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	4	QL (120/30)
<i>danazol</i>	4	
<i>desmopressin injection</i>	4	
<i>desmopressin nasal spray with pump</i>	4	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	
<i>doxercalciferol intravenous</i>	4	
ELAPRASE	5	PA; NDS
FABRAZYME	5	NDS
LUMIZYME	5	PA; NDS
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120/30); NDS
NAGLAZYME	5	PA; NDS
<i>pamidronate intravenous solution</i>	4	
<i>paricalcitol oral</i>	4	
RAYALDEE	5	NDS
<i>sapropterin</i>	5	PA; NDS
SOMAVERT	5	PA; QL (30/30); NDS
SYNAREL	5	NDS
<i>testosterone cypionate</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone enanthate</i>	3	
<i>testosterone transdermal gel</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; QL (150/30)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	4	PA; QL (300/30)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	4	PA; QL (300/30)
<i>tolvaptan (polycystic kidney dis) oral tablet</i>	5	PA; QL (120/30); NDS
<i>tolvaptan (polycystic kidney dis) oral tablets, sequential</i>	5	PA; QL (56/28); NDS
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (120/30); NDS
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS
<i>zoledronic acid intravenous solution</i>	4	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	4	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
THYROID HORMONES		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine oral tablet 175 mcg, 300 mcg</i>	3	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>liomny</i>	2	
<i>liothyronine oral</i>	2	
SYNTHROID	3	
<i>unithroid</i>	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule</i>	3	
<i>dicyclomine oral solution</i>	3	
<i>dicyclomine oral tablet 20 mg</i>	3	
<i>diphenoxylate-atropine</i>	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION	4	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
GLYCOPYRROLATE (PF) INJECTION SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	4	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate injection</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>loperamide oral capsule</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	4	PA
<i>alosetron oral tablet 1 mg</i>	5	PA; NDS
<i>aprepitant oral capsule 125 mg</i>	5	B/D PA; NDS
<i>aprepitant oral capsule 40 mg, 80 mg</i>	4	B/D PA
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA
<i>balsalazide</i>	4	
<i>betaine</i>	5	NDS
<i>budesonide oral capsule, delayed, extended release</i>	4	
<i>budesonide oral tablet, delayed and extended release</i>	5	NDS
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	
<i>compro</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>constulose</i>	2	
CORTIFOAM	5	NDS
CREON	3	
<i>cromolyn oral</i>	3	
<i>dronabinol oral capsule</i>	4	B/D PA; QL (60/30)
ENTYVIO PEN	5	PA; QL (1.36/28); NDS
<i>enulose</i>	2	
GATTEX 30-VIAL	5	PA; NDS
GATTEX ONE-VIAL	5	PA; NDS
<i>gavilyte-c</i>	2	
<i>generlac</i>	2	
<i>granisetron hcl oral</i>	3	B/D PA
<i>hydrocortisone rectal</i>	3	
<i>hydrocortisone topical cream with perineal applicator</i>	3	
IQIRVO	5	PA; QL (30/30); NDS
<i>lactulose oral solution</i>	2	
LINZESS	3	QL (30/30)
<i>lubiprostone</i>	3	QL (60/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule, extended release 500 mg</i>	4	
<i>mesalamine oral capsule, extended release 24hr</i>	4	
<i>mesalamine rectal enema</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine with cleansing wipe</i>	4	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
MOVANTIK	4	QL (30/30)
<i>nitroglycerin rectal</i>	4	
<i>ondansetron hcl (pf)</i>	4	
<i>ondansetron hcl intravenous</i>	4	
<i>ondansetron hcl oral solution</i>	4	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	B/D PA
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	
<i>peg 3350-electrolytes</i>	2	
<i>peg-electrolyte soln</i>	2	
<i>prochlorperazine</i>	3	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>procto-med hc</i>	3	
<i>proctosol hc topical</i>	3	
<i>proctozone-hc</i>	3	
REMICADE	5	PA; QL (20/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
SANCUSO	5	NDS
<i>scopolamine base</i>	3	QL (10/30)
SKYRIZI INTRAVENOUS	5	PA; QL (30/180); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2/56); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4/56); NDS
<i>sodium,potassium,mag sulfates</i>	3	
SUCRAID	5	PA; NDS
SUFLAVE	4	
<i>sulfasalazine</i>	2	
SUTAB	4	
TRULANCE	4	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	
VOWST	5	PA; LA; NDS

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000- 63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000- 10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
ZYMFENTRA	5	PA; QL (2/28); NDS
ULCER THERAPY		
<i>bismuth subcit k- metronidz-tcn</i>	4	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	3	QL (60/30)
<i>famotidine oral suspension for reconstitution</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	2	QL (60/30)
<i>misoprostol</i>	3	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	3	QL (60/30)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1	QL (60/30)

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Drug Name	Drug Tier	Requirements/ Limits
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	
TALICIA	4	QL (168/180)
VOQUEZNA DUAL PAK	4	QL (224/365)
VOQUEZNA TRIPLE PAK	4	QL (224/365)

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
BESREMI	5	PA; LA; QL (2/28); NDS
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14/28); NDS
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
LEUKINE INJECTION RECON SOLN	5	PA; NDS
NIVESTYM	5	PA; NDS
NYVEPRIA	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	5	QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	QL (2/28); NDS
<i>plerixafor</i>	5	B/D PA; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	3	PA; V; QL (1/365)

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Drug Name	Drug Tier	Requirements/ Limits
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	V
AREXVY (PF)	3	PA; V; QL (1/365)
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	3	V
BEXSERO	3	V
BOOSTRIX TDAP	3	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAIXA (PF)	3	
ENGRIX-B (PF)	3	B/D PA; V
ENGRIX-B PEDIATRIC (PF)	3	B/D PA; V
<i>fomepizole</i>	5	NDS
GAMMAGARD LIQUID	5	B/D PA; NDS
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 (100 ML)	5	B/D PA; NDS
GAMMAKED	5	B/D PA; NDS
GAMMAPLEX	5	B/D PA; NDS
GAMMAPLEX (WITH SORBITOL)	5	B/D PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	4	B/D PA
GARDASIL 9 (PF)	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	3	B/D PA; V
HIBERIX (PF)	3	
IMOVAX RABIES VACCINE (PF)	3	B/D PA; V
INFANRIX (DTAP) (PF)	3	
IPOL	3	V
IXIARO (PF)	3	V
JYNNEOS (PF)	3	V
KINRIX (PF)	3	
MENQUADFI (PF)	3	V
MENVEO A-C-Y-W- 135-DIP (PF)	3	V
M-M-R II (PF)	3	V
MRESVIA (PF)	3	PA; V; QL (1/365)
OCTAGAM INTRAVENOUS SOLUTION 10 %	5	B/D PA; NDS
OCTAGAM INTRAVENOUS SOLUTION 5 %	4	B/D PA; NDS
PEDIARIX (PF)	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	3	V
PENMENVY MEN A-B-C-W-Y (PF)	3	V
PENTACEL (PF)	3	
PRIORIX (PF)	3	V
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	B/D PA; V
RECOMBIVAX HB (PF)	3	B/D PA; V
ROTARIX ORAL SUSPENSION	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	V; QL (2/999)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	3	V; QL (1/999)
STAMARIL (PF)	3	V
TENIVAC (PF)	3	V
TICE BCG	4	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	3	V
TWINRIX (PF)	3	V
TYPHIM VI	3	V

Drug Name	Drug Tier	Requirements/ Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	V
VARIVAX (PF)	3	V
VAXCHORA VACCINE	3	V
VIMKUNYA	3	V
VIVOTIF	3	V; QL (4/720)
XEMBIFY	5	B/D PA; NDS
YF-VAX (PF)	3	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

ADVOCATE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	PA; QL (200/30)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; QL (200/30)
AUTOPEN 1 TO 21 UNITS	3	
AUTOPEN 2 TO 42 UNITS	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	PA; QL (200/30)
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	3	QL (10/30)
CEQUR SIMPLICITY INSERTER	3	QL (1/365)
CURITY GAUZE TOPICAL SPONGE 2 X 2 "	2	PA
DROPLET MICRON PEN NEEDLE	2	PA; QL (200/30)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	PA; QL (200/30)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	PA; QL (200/30)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	PA; QL (200/30)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	PA
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	PA; QL (200/30)
INPEN (FOR HUMALOG) BLUE	3	
INPEN (FOR HUMALOG) GREY	3	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	

Drug Name	Drug Tier	Requirements/ Limits
INPEN (NOVOLOG OR FIASP) GREY	3	
INPEN (NOVOLOG OR FIASP) PINK	3	
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	PA; QL (200/30)
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	2	PA; QL (200/30)
NANO PEN NEEDLE	2	PA; QL (200/30)
NOVOFINE 32	2	PA; QL (200/30)
NOVOFINE PLUS	2	PA; QL (200/30)
NOVOPEN ECHO	3	
OMNIPOD 5 (LIBRE 2/3 PLUS)	3	QL (20/30)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	QL (1/365)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL (20/30)
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	3	QL (1/365)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1/365)
OMNIPOD DASH PODS (GEN 4)	3	QL (20/30)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	PA; QL (200/30)
PENTIPS PEN NEEDLE	2	PA; QL (200/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	2	PA; QL (200/30)
TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	2	PA; QL (200/30)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	PA; QL (200/30)
TRUEPLUS INSULIN	2	PA; QL (200/30)
TRUEPLUS PEN NEEDLE	2	PA; QL (200/30)
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	PA; QL (200/30)
ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	2	PA; QL (200/30)
UNIFINE PENTIPS	2	PA; QL (200/30)
UNIFINE PENTIPS MAXFLOW	2	PA; QL (200/30)
UNIFINE PENTIPS PLUS	2	PA; QL (200/30)

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS PLUS MAXFLOW	2	PA; QL (200/30)
VERIFINE PLUS PEN NEEDLE-SHARP	2	PA; QL (200/30)
V-GO 20	3	QL (30/30)
V-GO 30	3	QL (30/30)
V-GO 40	3	QL (30/30)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	3	
<i>colchicine oral tablet</i>	3	QL (120/30)
<i>febuxostat</i>	3	
<i>probenecid</i>	3	
<i>probenecid-colchicine</i>	3	

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
CONEXXENCE	4	QL (1/180)
<i>ibandronate oral</i>	2	QL (1/28)
<i>raloxifene</i>	2	QL (30/30)
<i>risedronate oral tablet 150 mg</i>	3	QL (1/28)
<i>risedronate oral tablet 35 mg</i>	3	QL (4/28)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4/28)
<i>risedronate oral tablet 5 mg</i>	3	QL (30/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	5	PA; QL (2.24/28); NDS
OTHER RHEUMATOLOGICALS		
BENLYSTA	5	PA; NDS
ENBREL MINI	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8/28); NDS
ENBREL SURECLICK	5	PA; QL (8/28); NDS
HADLIMA	5	PA; QL (4.8/28); NDS
HADLIMA PUSHTOUCH	5	PA; QL (4.8/28); NDS
HADLIMA(CF)	5	PA; QL (2.4/28); NDS
HADLIMA(CF) PUSHTOUCH	5	PA; QL (2.4/28); NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2.28/28); NDS
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (2.28/28); NDS
<i>leflunomide oral tablet 10 mg</i>	2	QL (30/30)
<i>leflunomide oral tablet 20 mg</i>	3	QL (30/30)
OTEZLA	5	PA; QL (60/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (110/365); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; QL (54/365); NDS
OTEZLA XR	5	PA; QL (30/30); NDS
OTEZLA XR INITIATION	5	PA; QL (82/365); NDS
<i>penicillamine</i>	5	NDS
RINVOQ LQ	5	PA; QL (360/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (168/365); NDS
TYENNE AUTOINJECTOR	5	PA; QL (3.6/28); NDS
TYENNE SUBCUTANEOUS	5	PA; QL (3.6/28); NDS
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	3	
<i>conjugated estrogens</i>	3	
<i>deblitane</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
DEPO-ESTRADIOL	4	
DEPO-SUBQ PROVERA 104	3	
<i>dotti</i>	3	QL (8/28)
DUAVEE	4	PA
<i>emzahh</i>	3	
<i>errin</i>	3	
<i>estradiol oral tablet 0.5 mg, 1 mg</i>	1	
<i>estradiol oral tablet 2 mg</i>	3	
<i>estradiol transdermal patch semiweekly</i>	3	QL (8/28)
<i>estradiol transdermal patch weekly</i>	3	QL (4/28)
<i>estradiol vaginal</i>	3	
<i>estradiol valerate</i>	4	
ESTRING	4	
<i>fyavolv</i>	3	
<i>gallifrey</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone intramuscular</i>	3	
<i>medroxyprogesterone oral</i>	2	
<i>meleya</i>	3	
<i>nora-be</i>	3	
<i>norethindrone (contraceptive)</i>	3	
<i>norethindrone acetate</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	3	
<i>orquidea</i>	3	
PREMARIN INJECTION	4	
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPRO	3	
<i>progesterone micronized oral</i>	3	
<i>sharobel</i>	3	
<i>yuvaferm</i>	3	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	3	
LILETTA	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	
NEXPLANON	3	
<i>terconazole</i>	3	
<i>tranexamic acid oral</i>	3	
<i>zafemy</i>	3	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	3	
<i>altavera (28)</i>	3	
<i>alyacen 1/35 (28)</i>	3	
<i>alyacen 7/7/7 (28)</i>	3	
<i>amethia</i>	3	
<i>amethyst (28)</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>apri</i>	3	
<i>aranelle (28)</i>	3	
<i>ashlyna</i>	3	
<i>aubra eq</i>	3	
<i>aurovela 1.5/30 (21)</i>	3	
<i>aurovela 1/20 (21)</i>	3	
<i>aurovela 24 fe</i>	3	
<i>aurovela fe 1.5/30 (28)</i>	3	
<i>aurovela fe 1-20 (28)</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette (28)</i>	3	
<i>balziva (28)</i>	3	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30 (28)</i>	3	
<i>blisovi fe 1/20 (28)</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	3	
<i>camrese lo</i>	3	
<i>charlotte 24 fe</i>	3	
<i>chateal eq (28)</i>	3	
<i>cryselle (28)</i>	3	
<i>cyred eq</i>	3	
<i>dasetta 1/35 (28)</i>	3	
<i>dasetta 7/7/7 (28)</i>	3	
<i>daysee</i>	3	
<i>desog- e.estradiol/e.estradiol</i>	3	
<i>dolishale</i>	3	
<i>drospirenone- e.estradiol-lm.fa</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-ethinyl estradiol</i>	3	
<i>elinest</i>	3	
<i>enskyce</i>	3	
<i>estarylla</i>	3	
<i>falmina (28)</i>	3	
<i>feirza</i>	3	
<i>finzala</i>	3	
<i>galbriela</i>	3	
<i>gemmily</i>	3	
<i>hailey</i>	3	
<i>hailey 24 fe</i>	3	
<i>hailey fe 1.5/30 (28)</i>	3	
<i>hailey fe 1/20 (28)</i>	3	
<i>iclevia</i>	3	
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jaimiess</i>	3	
<i>jasmiel (28)</i>	3	
<i>jolessa</i>	3	
<i>joyeaux</i>	3	
<i>juleber</i>	3	
<i>junel 1.5/30 (21)</i>	3	
<i>junel 1/20 (21)</i>	3	
<i>junel fe 1.5/30 (28)</i>	3	
<i>junel fe 1/20 (28)</i>	3	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	
<i>kalliga</i>	3	
<i>kariva (28)</i>	3	
<i>kelnor 1/35 (28)</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>kurvelo (28)</i>	3	
<i>l norgest/e.estradiol- e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	3	
<i>larin 1.5/30 (21)</i>	3	
<i>larin 1/20 (21)</i>	3	
<i>larin 24 fe</i>	3	
<i>larin fe 1.5/30 (28)</i>	3	
<i>larin fe 1/20 (28)</i>	3	
<i>lessina</i>	3	
<i>levonest (28)</i>	3	
<i>levonorgest- eth.estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estradiol</i>	3	
<i>levonorg-eth estradiol triphasic</i>	3	
<i>lojaimiess</i>	3	
<i>loryna (28)</i>	3	
<i>lo-zumandimine (28)</i>	3	
<i>luizza</i>	3	
<i>lutra (28)</i>	3	
<i>marlissa (28)</i>	3	
<i>microgestin 1.5/30 (21)</i>	3	
<i>microgestin 1/20 (21)</i>	3	
<i>microgestin fe 1.5/30 (28)</i>	3	
<i>microgestin fe 1/20 (28)</i>	3	
<i>mili</i>	3	
<i>minzoya</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>mono-lynyah</i>	3	
<i>necon 0.5/35 (28)</i>	3	
<i>nikki (28)</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 1- 20 mg-mcg</i>	3	
<i>norethindrone- e.estradiol-iron oral capsule</i>	3	
<i>norethindrone- e.estradiol-iron oral tablet,chewable</i>	3	
<i>norgestimate-ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35 (21)</i>	3	
<i>nortrel 1/35 (28)</i>	3	
<i>nortrel 7/7/7 (28)</i>	3	
<i>nylia 1/35 (28)</i>	3	
<i>nylia 7/7/7 (28)</i>	3	
<i>ocella</i>	3	
<i>philith</i>	3	
<i>pimtrea (28)</i>	3	
<i>portia 28</i>	3	
<i>reclipsen (28)</i>	3	
<i>rivelsa</i>	3	
<i>rosyrah</i>	3	
<i>setlakin</i>	3	
<i>simliya (28)</i>	3	
<i>simpesse</i>	3	
<i>sprintec (28)</i>	3	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>tarina fe 1-20 eq (28)</i>	3	
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-lynyah</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-sprintec (28)</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>turqoz (28)</i>	3	
<i>tydemy</i>	3	
<i>valtya</i>	3	
<i>velivet triphasic regimen (28)</i>	3	
<i>vestura (28)</i>	3	
<i>vienva</i>	3	
<i>viorele (28)</i>	3	
<i>volnea (28)</i>	3	
<i>vyfemla (28)</i>	3	
<i>vylibra</i>	3	
<i>wera (28)</i>	3	
<i>wymzya fe</i>	3	
<i>xarah fe</i>	3	
<i>xelria fe</i>	3	
<i>zovia 1-35 (28)</i>	3	
<i>zumandimine (28)</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	
<i>bacitracin-polymyxin b</i>	3	
BESIVANCE	4	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	3	
<i>erythromycin ophthalmic (eye)</i>	3	
<i>gentamicin ophthalmic (eye) drops</i>	3	
<i>moxifloxacin ophthalmic (eye)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin ophthalmic (eye)</i>	3	
<i>polymyxin b sulf-trimethoprim</i>	3	
<i>tobramycin ophthalmic (eye)</i>	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	4	
ANTIVIRALS		
<i>trifluridine</i>	3	
ZIRGAN	4	
BETA-BLOCKERS		
<i>carteolol</i>	3	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.5 %</i>	3	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	
ATROPINE SULFATE (PF)	3	
<i>azelastine ophthalmic (eye)</i>	3	
<i>cromolyn ophthalmic (eye)</i>	2	
<i>cyclosporine ophthalmic (eye)</i>	3	QL (60/30)
CYSTARAN	5	PA; NDS
<i>epinastine</i>	3	
EYLEA	5	PA; QL (0.1/28); NDS
MIEBO (PF)	3	QL (3/30)
OXERVATE	5	PA; QL (112/56); NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 1.25 %, 2 %, 4 %</i>	3	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide- prednisolone</i>	3	
XDEMZY	5	PA; QL (10/42); NDS
XIIDRA	3	QL (60/30)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	4	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	3	
ILEVRO	3	
<i>ketorolac ophthalmic (eye)</i>	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	3	
<i>brimonidine-timolol</i>	3	
<i>brinzolamide</i>	3	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	3	
<i>latanoprost</i>	3	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	4	
<i>travoprost</i>	3	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin- poly-hc</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	3	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	3	
<i>tobramycin-dexamethasone</i>	3	
TOBRAMYCIN-LOTEPRED	3	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	3	
<i>difluprednate</i>	4	
EYSUVIS	3	QL (16.6/30)
<i>fluorometholone</i>	3	
LOTEMAX OPTHALMIC (EYE) OINTMENT	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	3	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	3	
<i>brimonidine ophthalmic (eye)</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>desloratadine oral tablet</i>	2	QL (30/30)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	QL (2/30)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	3	QL (2/30)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	QL (2/30)
<i>epinephrine injection solution</i>	4	
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>hydroxyzine pamoate</i>	3	PA
<i>levocetirizine oral solution</i>	4	
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral</i>	3	PA
<i>promethazine rectal</i>	4	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA
ADEMPAS	5	PA; LA; QL (90/30); NDS
ADVAIR HFA	3	QL (12/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (17/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020503)	2	QL (13.4/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	2	QL (36/30)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
<i>ambrisentan</i>	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
<i>arformoterol</i>	4	B/D PA
ARNUITY ELLIPTA	3	QL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
BREO ELLIPTA	3	QL (60/30)
<i>breyana</i>	3	QL (10.3/30)
<i>budesonide inhalation</i>	3	B/D PA; QL (120/30)
COMBIVENT RESPIMAT	3	QL (8/30)
<i>cromolyn inhalation</i>	3	B/D PA
FASENRA PEN	5	PA; QL (1/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (0.5/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1/28); NDS
<i>flunisolide</i>	3	QL (50/30)
FLUTICASONE FUROATE- VILANTEROL	3	QL (60/30)
FLUTICASONE PROPIONATE NASAL	3	QL (16/30)
<i>fluticasone propion- salmeterol inhalation blister with device</i>	2	QL (60/30)
<i>formoterol fumarate</i>	4	B/D PA; QL (120/30)
HAEGARDA	5	PA; LA; NDS
<i>icatibant</i>	5	PA; QL (18/30); NDS
INCRUSE ELLIPTA	3	QL (30/30)
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	4	QL (25.8/30)
<i>ipratropium bromide inhalation solution</i>	2	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium-albuterol</i>	2	B/D PA
JASCAYD	5	PA; QL (60/30); NDS
KALYDECO ORAL TABLET	5	PA; QL (56/28); NDS
<i>levalbuterol hcl</i>	3	B/D PA
LEVALBUTEROL TARTRATE	3	QL (30/30)
<i>macitentan</i>	5	PA; NDS
MOMETASONE NASAL	3	QL (34/30)
<i>montelukast</i>	3	QL (30/30)
<i>nintedanib</i>	5	PA; QL (60/30); NDS
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL (3/28); NDS
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (0.4/28); NDS
OFEV	5	PA; QL (60/30); NDS
OHTUVAYRE	5	PA; QL (150/30); NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	5	PA; QL (112/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>pirfenidone oral capsule</i>	5	PA; QL (270/30); NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270/30); NDS
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90/30); NDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90/30); NDS
PULMOZYME	5	B/D PA; QL (150/30); NDS
<i>roflumilast oral tablet 250 mcg</i>	4	PA; QL (30/30)
<i>roflumilast oral tablet 500 mcg</i>	3	PA; QL (30/30)
<i>sajazir</i>	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PA; QL (90/30)
SPIRIVA RESPIMAT	4	ST; QL (4/30)
SYMDEKO	5	PA; QL (56/28); NDS
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL (60/30)
<i>terbutaline</i>	4	
THEO-24	4	
<i>theophylline oral tablet extended release 12 hr</i>	3	
<i>theophylline oral tablet extended release 24 hr</i>	3	
<i>tiotropium bromide</i>	2	QL (30/30)
TRELEGY ELLIPTA	3	QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56/28); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84/28); NDS
TYVASO	5	B/D PA; NDS
TYVASO INSTITUTIONAL START KIT	5	B/D PA; NDS
TYVASO REFILL KIT	5	B/D PA; NDS
TYVASO STARTER KIT	5	B/D PA; NDS
VENTOLIN HFA	3	QL (36/30)
WINREVAIR	5	PA; QL (1/21); NDS
<i>wixela inhub</i>	2	QL (60/30)
XHANCE	4	ST; QL (32/30)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
<i>zafirlukast</i>	4	QL (60/30)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

GEMTESA	3	QL (30/30)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	QL (60/30)
<i>solifenacin</i>	2	
<i>tolterodine</i>	3	

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	4	
<i>finasteride oral tablet 5 mg</i>	3	QL (30/30)
<i>tamsulosin</i>	3	QL (60/30)

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	2	
CYSTAGON	4	LA
ELMIRON	4	
K-PHOS ORIGINAL	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i>	3	
<i>potassium citrate oral tablet extended release 15 meq, 5 meq (540 mg)</i>	4	
RENACIDIN	4	
<i>sildenafil</i>	1	EX; QL (6/30)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	4	PA; QL (30/30)

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind) oral capsule</i>	3	PA; QL (360/30)
<i>calcium acetate(phosphat bind) oral tablet</i>	3	PA
<i>klor-con</i>	3	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers intravenous</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	4	
MAGNESIUM SULFATE IN WATER INTRAVENOUS PIGGYBACK 3 GRAM/100 ML (3 %)	4	
<i>magnesium sulfate injection</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex</i>	4	
<i>potassium chloride in lr-d5</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
POTASSIUM CHLORIDE INTRAVENOUS	4	
<i>potassium chloride oral capsule, extended release</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride oral liquid</i>	4	
<i>potassium chloride oral packet 20 meq</i>	3	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
<i>potassium chloride oral tablet,er particles/crystals</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	
<i>sodium chloride intravenous solution 2.5 meq/ml</i>	4	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 4 MEQ/ML	4	

Drug Name	Drug Tier	Requirements/ Limits
TPN ELECTROLYTES	4	B/D PA
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
CLINISOL SF 15 %	4	B/D PA
<i>electrolyte-48 in d5w</i>	4	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
KABIVEN	4	B/D PA
PERIKABIVEN	4	B/D PA
PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	5	B/D PA; NDS
PROSOL 20 %	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>bal-care dha</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/ Limits
<i>c-nate dha</i>	3	
<i>complete natal dha</i>	3	
<i>elite-ob</i>	3	
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>folivane-ob</i>	3	
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>m-natal plus</i>	3	
<i>pnv-dha</i>	3	
<i>pnv-omega</i>	3	
<i>pnv-select</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>pr natal 400</i>	3	
<i>pr natal 400 ec</i>	3	
<i>pr natal 430</i>	3	
<i>pr natal 430 ec</i>	3	
<i>prenatal plus (calcium carb)</i>	3	
<i>prenatal vitamin plus low iron</i>	3	
<i>taron-c dha</i>	3	
<i>trinatal rx 1</i>	3	
<i>wescap-pn dha</i>	3	
<i>wesnate dha</i>	3	
<i>westab plus</i>	3	
<i>westgel dha</i>	2	

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Lowercase *italic* = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Index

A

<i>abacavir</i>	8
<i>abacavir-lamivudine</i>	8
ABILIFY ASIMTUFII	36
ABILIFY MAINTENA.....	36
<i>abiraterone</i>	17
<i>abirtega</i>	17
ABRYSVO (PF)	65
<i>acamprosate</i>	54
<i>acarbose</i>	57
<i>acebutolol</i>	44
<i>acetaminophen-codeine</i>	34
<i>acetazolamide</i>	75
<i>acetazolamide sodium</i>	75
<i>acetic acid</i>	56
<i>acetylcysteine</i>	77
<i>acitretin</i>	49
ACTHIB (PF)	66
ACTIMMUNE.....	65
<i>acyclovir</i>	8, 52
<i>acyclovir sodium</i>	8
ADACEL(TDAP ADOLESN/ADULT)(PF)	66
<i>adapalene</i>	51
ADCETRIS	17
<i>adefovir</i>	8
ADEMPAS	77
ADSTILADRIN.....	17
ADVAIR HFA.....	77
ADVOCATE PEN NEEDLE	67
<i>afirmelle</i>	71
AIMOVIG AUTOINJECTOR	32
AKEEGA.....	17
<i>ala-cort</i>	52
<i>albendazole</i>	13
<i>albuterol sulfate</i>	77
ALBUTEROL SULFATE	77
<i>alclometasone</i>	52
<i>alcohol pads</i>	57
ALCOHOL PREP PADS.....	57
ALCOHOL SWABS	57
ALCOHOL WIPES.....	57
ALDURAZYME	60
ALECENSA	17
<i>alendronate</i>	69
<i>alfuzosin</i>	79
<i>aliskiren</i>	44
<i>allopurinol</i>	69
<i>alosetron</i>	62

<i>alprazolam</i>	36, 37
<i>altavera (28)</i>	71
ALUNBRIG.....	17
<i>alyacen 1/35 (28)</i>	71
<i>alyacen 7/7/7 (28)</i>	71
<i>amantadine hcl</i>	8
<i>ambrisentan</i>	77
<i>amethia</i>	71
<i>amethyst (28)</i>	71
<i>amikacin</i>	13
<i>amiloride</i>	44
<i>amiloride-hydrochlorothiazide</i>	44
<i>aminocaproic acid</i>	47
<i>amiodarone</i>	44
<i>amitriptyline</i>	37
<i>amlodipine</i>	44
<i>amlodipine-atorvastatin</i>	48
<i>amlodipine-benazepril</i>	44
<i>amlodipine-olmesartan</i>	44
<i>amlodipine-valsartan</i>	44
<i>amlodipine-valsartan-hcthiiazid</i>	44
<i>ammonium lactate</i>	50
<i>amnestem</i>	51
<i>amoxapine</i>	37
<i>amoxicillin</i>	15
<i>amoxicillin-pot clavulanate</i>	15
<i>amphotericin b</i>	8
<i>amphotericin b liposome</i>	8
<i>ampicillin</i>	15
<i>ampicillin sodium</i>	15
<i>ampicillin-sulbactam</i>	15
<i>anagrelide</i>	54
<i>anastrozole</i>	17
ANKTIVA.....	17
ANORO ELLIPTA	77
<i>apraclonidine</i>	76
<i>aprepitant</i>	62
<i>apri</i>	72
APTIVUS.....	8
<i>aranella (28)</i>	72
ARCALYST	65
AREXVY (PF)	66
<i>arformoterol</i>	77
ARIKAYCE	13
<i>aripiprazole</i>	37
ARISTADA	37
ARISTADA INITIO	37
<i>armodafinil</i>	37
ARNUITY ELLIPTA.....	77

<i>arsenic trioxide</i>	17
<i>asenapine maleate</i>	37
<i>ashlyna</i>	72
<i>aspirin-dipyridamole</i>	47
ASSURE ID INSULIN SAFETY	67
<i>atazanavir</i>	8
<i>atenolol</i>	44
<i>atenolol-chlorthalidone</i>	44
ATGAM.....	66
<i>atomoxetine</i>	37
<i>atorvastatin</i>	48
<i>atovaquone</i>	13
<i>atovaquone-proguanil</i>	13
<i>atropine</i>	75
ATROPINE SULFATE (PF)	75
<i>aubra eq</i>	72
AUGMENTIN	15
AUGTYRO.....	17
<i>aurovela 1.5/30 (21)</i>	72
<i>aurovela 1/20 (21)</i>	72
<i>aurovela 24 fe</i>	72
<i>aurovela fe 1.5/30 (28)</i>	72
<i>aurovela fe 1-20 (28)</i>	72
AUSTEDO	32
AUSTEDO XR	32
AUSTEDO XR TITRATION KT(WK1-4)	33
AUTOPEN 1 TO 21 UNITS	67
AUTOPEN 2 TO 42 UNITS	67
AUVELITY	37
<i>aviane</i>	72
AVMAPKI-FAKZYNJA.....	17
<i>ayuna</i>	72
AYVAKIT	17
<i>azacitidine</i>	17
AZASITE.....	74
<i>azathioprine</i>	17, 18
<i>azathioprine sodium</i>	18
<i>azelaic acid</i>	51
<i>azelastine</i>	56, 75
<i>azilsartan medoxomil</i>	44
<i>azithromycin</i>	12
<i>aztreonam</i>	13
<i>azurette (28)</i>	72
B	
<i>bacitracin-polymyxin b</i>	74
<i>baclofen</i>	34
<i>bal-care dha</i>	81

<i>balsalazide</i>	62	<i>bosutinib</i>	18	CARBAMAZEPINE	29
BALVERSA	18	BRAFTOVI	18	<i>carbidopa</i>	31
<i>balziva</i> (28)	72	BREO ELLIPTA	77	<i>carbidopa-levodopa</i>	32
BARACLUDE	8	<i>breyana</i>	77	CARBIDOPA-LEVODOPA	32
BAVENCIO	18	<i>briellyn</i>	72	<i>carbidopa-levodopa-</i>	
BCG VACCINE, LIVE (PF)	66	<i>brimonidine</i>	76	<i>entacapone</i>	32
BD SAFETYGLIDE INSULIN		<i>brimonidine-timolol</i>	75	<i>carboplatin</i>	18
SYRINGE	68	<i>brinzolamide</i>	75	CARETOUCH ALCOHOL	
BEIZRAY	18	<i>brivaracetam</i>	28	PREP PAD	57
BEIZRAY-ALBUMIN	18	<i>bromfenac</i>	75	<i>carglumic acid</i>	54
BELEODAQ	18	<i>bromocriptine</i>	31	<i>carmustine</i>	18
BELSOMRA	37	BRUKINSA	18	<i>carteolol</i>	74
<i>benazepril</i>	44	<i>budesonide</i>	62, 77	<i>cartia xt</i>	45
<i>benazepril-hydrochlorothiazide</i>	44	<i>bumetanide</i>	44	<i>carvedilol</i>	45
<i>bendamustine</i>	18	<i>buprenorphine</i>	34	<i>carvedilol phosphate</i>	45
BENDAMUSTINE	18	<i>buprenorphine hcl</i>	34	<i>caspofungin</i>	8
BENDEKA	18	<i>buprenorphine-naloxone</i>	35	CAYSTON	13
BENLYSTA	70	<i>bupropion hcl</i>	37	<i>cefaclor</i>	11
<i>benztropine</i>	31	<i>bupropion hcl (smoking deter)</i>	56	<i>cefadroxil</i>	11
BESIVANCE	74	<i>buspirone</i>	38	<i>cefazolin</i>	11
BESPONSA	18	<i>busulfan</i>	18	CEFAZOLIN	11
BESREMI	65	<i>butorphanol</i>	35	<i>cefazolin in dextrose (iso-os)</i>	11
<i>betaine</i>	62	BYSANTI	38	CEFAZOLIN IN DEXTROSE	
<i>betamethasone dipropionate</i>	52	BYSANTI TITRATION PACK		(ISO-OS)	11
<i>betamethasone valerate</i>	52	A	38	<i>cefdinir</i>	11
<i>betamethasone, augmented</i>	53	BYSANTI TITRATION PACK		<i>cefepime</i>	12
BETASERON	65	B	38	CEFEPIME	12
<i>betaxolol</i>	44	BYSANTI TITRATION PACK		CEFEPIME IN DEXTROSE 5	
<i>bethanechol chloride</i>	79	C	38	%	12
<i>bexarotene</i>	18	C		<i>cefepime in dextrose, iso-osm</i>	12
BEXSERO	66	CABENUVA	8	<i>cefexime</i>	12
<i>bicalutamide</i>	18	<i>cabergoline</i>	60	<i>cefoxitin</i>	12
BICILLIN L-A	15	CABOMETYX	18	<i>cefoxitin in dextrose, iso-osm</i>	12
BIKTARVY	8	<i>calcipotriene</i>	49	<i>cefpodoxime</i>	12
<i>bimatoprost</i>	75	<i>calcitonin (salmon)</i>	60	<i>cefprozil</i>	12
<i>bismuth subcit k-metronidz-tcn</i>	64	<i>calcitriol</i>	60	<i>ceftaroline fosamil</i>	12
<i>bisoprolol fumarate</i>	44	<i>calcium acetate(phosphat</i>		<i>ceftazidime</i>	12
BISOPROLOL FUMARATE	44	<i>bind)</i>	80	<i>ceftriaxone</i>	12
<i>bisoprolol-hydrochlorothiazide</i>	44	CALQUENCE		CEFTRIAZONE	12
BIZENGRI	18	(ACALABRUTINIB MAL)	18	<i>ceftriaxone in dextrose, iso-os</i>	12
BLENREP	18	CAMCEVI (6 MONTH)	18	<i>cefuroxime axetil</i>	12
<i>bleomycin</i>	18	<i>camila</i>	70	<i>cefuroxime sodium</i>	12
BLINCYTO	18	<i>camrese</i>	72	<i>celecoxib</i>	35
<i>blisovi 24 fe</i>	72	<i>camrese lo</i>	72	<i>cephalexin</i>	12
<i>blisovi fe 1.5/30 (28)</i>	72	CAMZYOS	49	CEQUR SIMPLICITY	68
<i>blisovi fe 1/20 (28)</i>	72	<i>candesartan</i>	45	CEQUR SIMPLICITY	
BOMYNTRA	17	<i>candesartan-</i>		INSERTER	68
BOOSTRIX TDAP	66	<i>hydrochlorothiazid</i>	45	CEREZYME	60
<i>bortezomib</i>	18	CAPLYTA	38	<i>cetirizine</i>	76
BORTEZOMIB	18	CAPRELSA	18	<i>cevimeline</i>	54
BORUZU	18	<i>captopril</i>	45	<i>charlotte 24 fe</i>	72
BOSULIF	18	<i>carbamazepine</i>	28, 29	<i>chateal eq (28)</i>	72

CHEMET	54	clobetasol	53	CYCLOSET	58
chloramphenicol sod succinate	13	clobetasol-emollient	53	cyclosporine.....	19, 75
chlorhexidine gluconate.....	56	CLOCORTOLONE PIVALATE.....	53	cyclosporine modified	19
chloroquine phosphate	13	clodan	53	CYRAMZA	19
chlorothiazide sodium.....	45	clofarabine	18	cyred eq.....	72
chlorpromazine	38	clomipramine.....	38	CYSTAGON	79
chlorthalidone	45	clonazepam.....	29	CYSTARAN	75
cholestyramine (with sugar).....	48	clonidine	45	cytarabine	19
cholestyramine light.....	48	clonidine hcl	45	cytarabine (pf).....	19
CHORIONIC		clopidogrel.....	47	D	
GONADOTROPIN, HUMAN	61	clorazepate dipotassium	38	d10 %-0.45 % sodium chloride.....	54
ciclodan	52	clotrimazole.....	8, 52	d2.5 %-0.45 % sodium	
ciclopirox	52	clotrimazole-betamethasone	52	chloride.....	54
cilostazol.....	47	clozapine	38	D5 % (D-GLUCOSE)-0.9 %	
CIMDUO	8	c-nate dha	82	SODCHLR.....	54
cinacalcet	61	COARTEM	13	d5 % and 0.9 % sodium	
ciprofloxacin	16	COBENFY.....	38	chloride.....	54
ciprofloxacin hcl	16, 74	COBENFY STARTER PACK.....	38	d5 %-0.45 % sodium chloride.....	54
ciprofloxacin in 5 % dextrose.....	16	colchicine	69	dabigatran etexilate	47
ciprofloxacin-dexamethasone.....	56	colesevelam	48	dacarbazine	19
cisplatin	18	colestipol	48	dactinomycin.....	19
citapram	38	colistin (colistimethate na).....	13	dalfampridine	33
cladribine	18	COLUMVI.....	18	danazol	61
claravis	51	COMBIVENT RESPIMAT	77	dantrolene.....	34
clarithromycin	12	COMETRIQ.....	18, 19	DANYELZA.....	19
CLENPIQ.....	62	complete natal dha.....	82	DANZITEN.....	19
clindacin etz.....	51	compro	62	dapagliflozin.....	58
clindacin p	51	CONEXXENCE.....	69	dapagliflozin-metformin	58
clindamycin hcl	13	conjugated estrogens.....	70	dapsone.....	13
CLINDAMYCIN IN 0.9 % SOD		constulose.....	63	DAPTACEL (DTAP	
CHLOR.....	13	COPIKTRA.....	19	PEDIATRIC) (PF)	66
CLINDAMYCIN IN 5 %		CORTIFOAM	63	daptomycin	13
DEXTROSE	13	cortisone	56	DAPTOMYCIN.....	13
clindamycin palmitate hcl.....	13	CORTISPORIN-TC	56	DAPTOMYCIN IN 0.9 % SOD	
clindamycin pediatric	13	COSENTYX	49, 50	CHLOR.....	13
clindamycin phosphate	13, 51, 71	COSENTYX (2 SYRINGES)	49	darunavir.....	8
CLINIMIX 5%/D15W		COSENTYX PEN.....	49	DARZALEX.....	19
SULFITE FREE.....	81	COSENTYX PEN (2 PENS).....	49	DARZALEX FASPRO	19
CLINIMIX 4.25%/D10W SULF		COSENTYX UNOREADY		dasatinib	19
FREE.....	81	PEN	50	dasetta 1/35 (28)	72
CLINIMIX 4.25%/D5W SULFIT		COTELIC	19	dasetta 7/7/7 (28)	72
FREE.....	54	CREON	63	DATROWAY	19
CLINIMIX 5%-		CRESEMBA.....	8	daunorubicin	19
D20W(SULFITE-FREE)	81	cromolyn	63, 75, 77	DAURISMO	19
CLINIMIX 6%-D5W (SULFITE-		cryselle (28)	72	daysee	72
FREE)	81	CURITY ALCOHOL SWABS	58	deblitane	70
CLINIMIX 8%-		CURITY GAUZE	68	decitabine	19
D10W(SULFITE-FREE)	81	CUVRIOR	54	DECNUPAZ	19
CLINIMIX 8%-		cyclobenzaprine	34	deferasirox.....	54
D14W(SULFITE-FREE)	81	cyclophosphamide	19	deferiprone	54
CLINISOL SF 15 %	81	CYCLOPHOSPHAMIDE	19	DELSTRIGO.....	8
clobazam	29	cycloserine	13	demeclocycline	16

DENGVAIXA (PF).....	66	<i>dimethyl fumarate</i>	33	<i>econazole nitrate</i>	52
DEPO-ESTRADIOL	71	<i>diphenhydramine hcl</i>	76	EDARAVONE	33
DEPO-MEDROL	56	<i>diphenoxylate-atropine</i>	62	EDURANT PED	9
DEPO-SUBQ PROVERA 104	71	<i>dipyridamole</i>	47	<i>efavirenz</i>	9
DESCOVY	8	<i>disulfiram</i>	55	<i>efavirenz-emtricitabin-tenofov</i>	9
<i>desipramine</i>	38	<i>divalproex</i>	29	<i>efavirenz-lamivu-tenofov disop</i>	9
<i>desloratadine</i>	76	<i>docetaxel</i>	19	ELAHERE	19
<i>desmopressin</i>	61	DOCIVYX	19	ELAPRASE	61
<i>desog-e.estradiol/e.estradiol</i>	72	<i>dofetilide</i>	44	<i>electrolyte-48 in d5w</i>	81
<i>desonide</i>	53	<i>dolishale</i>	72	ELIGARD	19
<i>desoximetasone</i>	53	<i>donepezil</i>	33	ELIGARD (3 MONTH)	19
<i>desvenlafaxine succinate</i>	38	DOPTELET (10 TAB PACK)	47	ELIGARD (4 MONTH)	19
<i>dexamethasone</i>	56	DOPTELET (15 TAB PACK)	47	ELIGARD (6 MONTH)	19
<i>dexamethasone intensol</i>	56	DOPTELET (30 TAB PACK)	47	<i>elinest</i>	72
<i>dexamethasone sodium phos</i> <i>(pf)</i>	57	DOPTELET SPRINKLE	47	ELIQUIS	47
<i>dexamethasone sodium</i> <i>phosphate</i>	57, 76	<i>dorzolamide</i>	75	ELIQUIS DVT-PE TREAT 30D START	47
<i>dexmethylphenidate</i>	38	<i>dorzolamide-timolol</i>	75	ELIQUIS SPRINKLE	47
<i>dextroamphetamine sulfate</i>	38	<i>dotti</i>	71	<i>elite-ob</i>	82
<i>dextroamphetamine-</i> <i>amphetamine</i>	38, 39	DOVATO	9	ELMIRON	79
<i>dextrose 10 % and 0.2 % nacl</i>	54	<i>doxazosin</i>	45	ELREXFIO	20
<i>dextrose 10 % in water (d10w)</i>	54	<i>doxepin</i>	39	<i>eltrombopag olamine</i>	47
<i>dextrose 25 % in water (d25w)</i>	54	<i>doxercalciferol</i>	61	ELZONRIS	20
<i>dextrose 5 % in water (d5w)</i>	54	<i>doxorubicin</i>	19	EMPLICITI	20
DEXTROSE 5 % IN WATER (D5W)	54	<i>doxorubicin, peg-liposomal</i>	19	EMRELIS	20
<i>dextrose 5 %-lactated ringers</i>	54	<i>doxy-100</i>	16	EMSAM	39
<i>dextrose 5%-0.2 % sod</i> <i>chloride</i>	54	<i>doxycycline hyclate</i>	16	<i>emtricitabine</i>	9
<i>dextrose 5%-0.3 %</i> <i>sod.chloride</i>	54	<i>doxycycline monohydrate</i>	16, 17	<i>emtricitabine-tenofovir (tdf)</i>	9
<i>dextrose 50 % in water (d50w)</i>	54	DRIZALMA SPRINKLE	39	<i>emtricitabine-tenofovir (tdf)</i>	9
DEXTROSE 50 % IN WATER (D50W)	54	<i>dronabinol</i>	63	EMTRIVA	9
<i>dextrose 70 % in water (d70w)</i>	55	DROPLET MICRON PEN NEEDLE	68	EMVERM	13
DIACOMIT	29	DROPLET PEN NEEDLE	68	<i>emzahn</i>	71
<i>diazepam</i>	29, 39	DROPSAFE ALCOHOL PREP PADS	58	<i>enalapril maleate</i>	45
<i>diazepam intensol</i>	39	DROPSAFE PEN NEEDLE	68	<i>enalapril-hydrochlorothiazide</i>	45
<i>diazoxide</i>	58	<i>drospirenone-e.estradiol-lm.fa</i>	72	ENBREL	70
<i>diclofenac potassium</i>	35	<i>drospirenone-ethinyl estradiol</i>	72	ENBREL MINI	70
<i>diclofenac sodium</i>	35, 36, 75	DROXIA	19	ENBREL SURECLICK	70
<i>dicloxacillin</i>	15	<i>droxidopa</i>	55	<i>endocet</i>	34
<i>dicyclomine</i>	62	DUAVEE	71	ENERGIX-B (PF)	66
<i>diffunisal</i>	36	<i>duloxetine</i>	39	ENERGIX-B PEDIATRIC (PF)	66
<i>difluprednate</i>	76	DUPIXENT PEN	50	ENHERTU	20
<i>digoxin</i>	49	DUPIXENT SYRINGE	50	<i>enoxaparin</i>	47
<i>dihydroergotamine</i>	32	<i>dutasteride</i>	79	ENSACOVE	20
DILANTIN	29	<i>dutasteride-tamsulosin</i>	79	<i>enskyce</i>	72
<i>diltiazem hcl</i>	45	E		<i>entacapone</i>	32
<i>dilt-xr</i>	45	EASY COMFORT ALCOHOL PAD	58	<i>entecavir</i>	9
		EASY COMFORT SAFETY PEN NEEDLE	68	ENTRESTO SPRINKLE	49
		EASY TOUCH ALCOHOL PREP PADS	58	ENTYVIO PEN	63
				<i>enulose</i>	63
				ENVARUS XR	20
				EPCLUSA	9
				EPIDIOLEX	29

<i>epinastine</i>	75	<i>famciclovir</i>	9	FLUOROURACIL	50
<i>epinephrine</i>	76	<i>famotidine</i>	64	<i>fluoxetine</i>	40
EPINEPHRINE	76	FANAPT	39	<i>fluoxetine (pmd)</i>	40
EPKINLY	20	FANAPT TITRATION PACK A	39	<i>fluphenazine decanoate</i>	40
<i>eplerenone</i>	45	FANAPT TITRATION PACK B	39	<i>fluphenazine hcl</i>	40
ERBITUX	20	FANAPT TITRATION PACK C	39	<i>flurbiprofen</i>	36
<i>ergotamine-caffeine</i>	32	FARXIGA	58	<i>flurbiprofen sodium</i>	75
<i>eribulin</i>	20	FASENRA	77	FLUTICASONE FUROATE-	
ERIVEDGE	20	FASENRA PEN	77	VILANTEROL	77
ERLEADA	20	<i>febuxostat</i>	69	<i>fluticasone propionate</i>	53
<i>erlotinib</i>	20	<i>feirza</i>	72	FLUTICASONE	
<i>errin</i>	71	<i>felbamate</i>	29	PROPIONATE	77
<i>ertapenem</i>	13	<i>felodipine</i>	45	<i>fluticasone propion-salmeterol</i>	77
<i>ery pads</i>	51	<i>fenofibrate</i>	48	<i>fluvastatin</i>	48
<i>ery-tab</i>	12	<i>fenofibrate micronized</i>	48	<i>fluvoxamine</i>	40
<i>erythromycin</i>	12, 74	<i>fenofibrate nanocrystallized</i>	48	<i>folivane-ob</i>	82
<i>erythromycin ethylsuccinate</i>	12	<i>fenofibric acid (choline)</i>	48	FOLOTYN	20
<i>erythromycin lactobionate</i>	12	<i>fentanyl</i>	34	<i>fomepizole</i>	66
<i>erythromycin with ethanol</i>	51	FERRIPROX	55	<i>fondaparinux</i>	47
<i>erythromycin-benzoyl peroxide</i>	51	FERRIPROX (2 TIMES A		<i>formoterol fumarate</i>	77
<i>escitalopram oxalate</i>	39	DAY)	55	<i>fosamprenavir</i>	9
<i>eslicarbazepine</i>	29	FETZIMA	40	<i>fosfomycin tromethamine</i>	17
<i>esomeprazole magnesium</i>	64	FIASP FLEXTOUCH U-100		<i>fosinopril</i>	45
<i>estarella</i>	72	INSULIN	58	<i>fosinopril-hydrochlorothiazide</i>	45
<i>estradiol</i>	71	FIASP PENFILL U-100		<i>fosphenytoin</i>	29
<i>estradiol valerate</i>	71	INSULIN	58	FOTIVDA	20
ESTRING	71	FIASP PUMPCART	58	FRUZAQLA	20
<i>ethacrynate sodium</i>	45	FIASP U-100 INSULIN	58	<i>fulvestrant</i>	20
<i>ethambutol</i>	13	<i>fidaxomicin</i>	13	<i>furosemide</i>	45
<i>ethosuximide</i>	29	FILSPARI	49	FYARRO	21
<i>etodolac</i>	36	<i>finasteride</i>	79	<i>fyavolv</i>	71
<i>etonogestrel-ethinyl estradiol</i>	71	<i>finolimid</i>	33	G	
ETOPOPHOS	20	FINTEPLA	29	<i>gabapentin</i>	29
<i>etoposide</i>	20	<i>finzala</i>	72	<i>galantamine</i>	33
<i>etravirine</i>	9	FIRMAGON KIT W DILUENT		<i>galbriela</i>	72
EUCRISA	50	SYRINGE	20	<i>gallifrey</i>	71
EULEXIN	20	<i>flac otic oil</i>	56	GAMMAGARD LIQUID	66
EVDI	20	<i>flecainide</i>	44	GAMMAGARD LIQUID ERC	66
<i>everolimus (antineoplastic)</i>	20	<i>floxuridine</i>	20	GAMMAKED	66
<i>everolimus</i>		<i>fluconazole</i>	8	GAMMAPLEX	66
(immunosuppressive)	20	<i>fluconazole in nacl (iso-osm)</i>	8	GAMMAPLEX (WITH	
EVOMELA	20	<i>flucytosine</i>	8	SORBITOL)	66
EVOTAZ	9	<i>fludarabine</i>	20	GAMUNEX-C	66
<i>exemestane</i>	20	<i>fludrocortisone</i>	57	GARDASIL 9 (PF)	66
EXXUA	39	<i>flunisolide</i>	77	GATTEX 30-VIAL	63
EYLEA	75	<i>fluocinolone</i>	53	GATTEX ONE-VIAL	63
EYSUVIS	76	<i>fluocinolone acetone oil</i>	56	GAUZE PAD	68
<i>ezetimibe</i>	48	<i>fluocinolone and shower cap</i>	53	<i>gavilyte-c</i>	63
<i>ezetimibe-simvastatin</i>	48	<i>fluocinonide</i>	53	GAVRETO	21
F		<i>fluoride (sodium)</i>	56, 82	GAZYVA	21
FABRAZYME	61	<i>fluorometholone</i>	76	<i>gefitinib</i>	21
<i>falmina (28)</i>	72	<i>fluorouracil</i>	20, 50	<i>gemcitabine</i>	21

GEMCITABINE.....	21	<i>hailey</i>	72	<i>hydrocortisone</i>	53, 57, 63
<i>gemfibrozil</i>	48	<i>hailey 24 fe</i>	72	<i>hydrocortisone butyrate</i>	53
<i>gemmily</i>	72	<i>hailey fe 1.5/30 (28)</i>	72	<i>hydrocortisone sod succinate</i>	57
GEMTESA.....	79	<i>hailey fe 1/20 (28)</i>	72	<i>hydrocortisone valerate</i>	53
<i>generlac</i>	63	<i>halobetasol propionate</i>	53	<i>hydrocortisone-acetic acid</i>	56
<i>engraf</i>	21	<i>haloperidol</i>	40	<i>hydromorphone</i>	35
GENOTROPIN.....	65	<i>haloperidol decanoate</i>	40	<i>hydroxychloroquine</i>	13
GENOTROPIN MINIQUICK.....	65	<i>haloperidol lactate</i>	40	<i>hydroxyurea</i>	21
<i>gentamicin</i>	13, 52, 74	HARVONI.....	9	<i>hydroxyzine hcl</i>	76
<i>gentamicin in nacl (iso-osm)</i>	13	HAVRIX (PF).....	66	<i>hydroxyzine pamoate</i>	76
GENTAMICIN IN NACL (ISO-OSM).....	13	<i>heather</i>	71	HYRNUO.....	21
<i>gentamicin sulfate (ped) (pf)</i>	13	<i>heparin (porcine)</i>	48	I	
GENVOYA.....	9	<i>heparin (porcine) in 5 % dex</i>	47	<i>ibandronate</i>	69
GILOTRIF.....	21	<i>heparin (porcine) in nacl (pf)</i>	47	IBRANCE.....	21
<i>glatiramer</i>	33	HEPARIN (PORCINE) IN NACL (PF).....	48	IBTROZI.....	21
<i>glatopa</i>	33	HEPARIN, PORCINE (PF).....	48	<i>ibu</i>	36
<i>glimepiride</i>	58	<i>heparin(porcine) in 0.45% nacl</i>	48	<i>ibuprofen</i>	36
<i>glipizide</i>	58	HEPLISAV-B (PF).....	66	<i>icatibant</i>	77
GLIPIZIDE.....	58	HERNEXEOS.....	21	<i>iclevia</i>	72
<i>glipizide-metformin</i>	58	HIBERIX (PF).....	66	ICLUSIG.....	21
GLUCAGON (HCL) EMERGENCY KIT.....	58	HUMALOG JUNIOR KWIKPEN U-100.....	59	<i>icosapent ethyl</i>	48
GLUCAGON EMERGENCY KIT (HUMAN).....	58	HUMALOG KWIKPEN INSULIN.....	59	<i>idarubicin</i>	21
<i>glutamine (sickle cell)</i>	55	HUMALOG MIX 50-50 KWIKPEN.....	59	IDHIFA.....	21
<i>glycopyrrolate</i>	62	HUMALOG MIX 75-25 KWIKPEN.....	59	IDVYNOS.....	9
<i>glycopyrrolate (pf)</i>	62	HUMALOG MIX 75-25(U-100)INSULIN.....	59	<i>ifosfamide</i>	21
GLYCOPYRROLATE (PF).....	62	HUMALOG U-100 INSULIN.....	59	ILEVRO.....	75
<i>glycopyrrolate (pf) in water</i>	62	HUMULIN 70/30 U-100 INSULIN.....	59	<i>imatinib</i>	21
GLYCOPYRROLATE (PF) IN WATER.....	62	HUMULIN 70/30 U-100 KWIKPEN.....	59	IMBRUVICA.....	21
<i>glydo</i>	50	HUMULIN N NPH INSULIN KWIKPEN.....	59	IMDELLTRA.....	21
GOMEKLI.....	21	HUMULIN N NPH U-100 INSULIN.....	59	IMFINZI.....	21
GRAFAPEX.....	21	HUMULIN R REGULAR U-100 INSULIN.....	59	<i>imipenem-cilastatin</i>	13
<i>granisetron hcl</i>	63	HUMULIN R U-500 (CONC) INSULIN.....	59	<i>imipramine hcl</i>	40
<i>griseofulvin microsize</i>	8	HUMULIN R U-500 (CONC) KWIKPEN.....	59	<i>imiquimod</i>	50, 51
<i>griseofulvin ultramicrosize</i>	8	<i>hydralazine</i>	45	IMJUDO.....	21
<i>guanfacine</i>	40	<i>hydrochlorothiazide</i>	45	IMKELDI.....	21
GVOKE.....	58	<i>hydrocodone-acetaminophen</i>	34	IMOVAX RABIES VACCINE (PF).....	66
GVOKE HYOPEN 1-PACK.....	58	HYDROCODONE-ACETAMINOPHEN.....	34	IMPAVIDO.....	13
GVOKE HYOPEN 2-PACK.....	58	<i>hydrocodone-ibuprofen</i>	35	INBRIJA.....	32
GVOKE PFS 1-PACK SYRINGE.....	59			<i>incassia</i>	71
GVOKE PFS 2-PACK SYRINGE.....	59			INCONTROL PEN NEEDLE.....	68
H				INCRELEX.....	55
HADLIMA.....	70			INCRUSE ELLIPTA.....	77
HADLIMA PUSH TOUCH.....	70			<i>indapamide</i>	45
HADLIMA(CF).....	70			INFANRIX (DTAP) (PF).....	66
HADLIMA(CF) PUSH TOUCH.....	70			INFUMORPH P/F.....	35
HAEGARDA.....	77			INLEXZO.....	21
				INLURIYO.....	21
				INLYTA.....	21
				INPEN (FOR HUMALOG) BLUE.....	68
				INPEN (FOR HUMALOG)	

GREY	68
INPEN (FOR HUMALOG) PINK	68
INPEN (NOVOLOG OR FIASP) BLUE	68
INPEN (NOVOLOG OR FIASP) GREY	68
INPEN (NOVOLOG OR FIASP) PINK	68
INQOVI	22
INREBIC	22
INSULIN LISPRO	59
INSULIN LISPRO PROTAMIN-LISPRO	59
INSULIN SYRINGE-NEEDLE U-100	68
INTELENCE	9
<i>intralipid</i>	81
INTRALIPID	81
<i>introvale</i>	72
INVEGA HAFYERA	40
INVEGA SUSTENNA	40
INVEGA TRINZA	41
IPOL	66
<i>ipratropium bromide</i>	56, 77
<i>ipratropium-albuterol</i>	78
IQIRVO	63
<i>irbesartan</i>	45
<i>irbesartan-hydrochlorothiazide</i>	45
<i>irinotecan</i>	22
ISENTRESS	9
ISENTRESS HD	9
<i>isibloom</i>	72
<i>isoniazid</i>	13
<i>isosorbide dinitrate</i>	49
<i>isosorbide mononitrate</i>	49
<i>isosorbide-hydralazine</i>	45
<i>isotretinoin</i>	51
<i>isradipine</i>	45
ITOVEBI	22
<i>itraconazole</i>	8
IV PREP WIPES	59
<i>ivabradine</i>	49
<i>ivermectin</i>	13
IWILFIN	22
IXEMPRA	22
IXIARO (PF)	66
J	
<i>jaimiess</i>	72
JAKAFI	22
JAKAFI XR	22
<i>jantoven</i>	48

JANUMET XR	59
JARDIANCE	59
JASCAYD	78
<i>jasmiel</i> (28)	72
JAYPIRCA	22
JEMPERLI	22
<i>jencycla</i>	71
JEVTANA	22
<i>jolessa</i>	72
<i>joyeaux</i>	72
<i>juleber</i>	72
JULUCA	9
<i>junel</i> 1.5/30 (21)	72
<i>junel</i> 1/20 (21)	72
<i>junel</i> fe 1.5/30 (28)	72
<i>junel</i> fe 1/20 (28)	72
<i>junel</i> fe 24	72
JYLAMVO	22
JYNNEOS (PF)	66
K	
KABIVEN	81
KADCYLA	22
<i>kaitlib</i> fe	72
KALETRA	9
<i>kalliga</i>	72
KALYDECO	78
KANJINTI	22
<i>kariva</i> (28)	72
<i>kelnor</i> 1/35 (28)	72
KERENDIA	45
KESIMPTA PEN	33
<i>ketoconazole</i>	8, 52
<i>ketorolac</i>	75
KEVZARA	70
KEYTRUDA	22
KEYTRUDA QLEX	22
KIMMTRAK	22
KINRIX (PF)	66
<i>kionex</i>	55
KISQALI	22
<i>klayesta</i>	52
KLISYRI (250 MG)	22
KLISYRI (350 MG)	22
<i>klor-con</i>	80
<i>klor-con</i> 10	80
<i>klor-con</i> 8	80
<i>klor-con</i> m10	80
<i>klor-con</i> m15	80
<i>klor-con</i> m20	80
KLOXXADO	36
KOMZIFTI	22
KOSELUGO	22

<i>kourzeq</i>	56
K-PHOS ORIGINAL	79
KRAZATI	22
<i>kurvelo</i> (28)	73
KYPROLIS	22
L	
<i>l norgest/e.estradiol-e.estradiol</i>	73
<i>labetalol</i>	45
<i>lacosamide</i>	29
LACOSAMIDE	29
<i>lactated ringers</i>	54, 80
<i>lactulose</i>	63
<i>lamivudine</i>	9, 10
<i>lamivudine-zidovudine</i>	10
<i>lamotrigine</i>	29, 30
LANOXIN PEDIATRIC	49
<i>lansoprazole</i>	64
LANTUS SOLOSTAR U-100 INSULIN	59
LANTUS U-100 INSULIN	59
<i>lapatinib</i>	22
<i>larin</i> 1.5/30 (21)	73
<i>larin</i> 1/20 (21)	73
<i>larin</i> 24 fe	73
<i>larin</i> fe 1.5/30 (28)	73
<i>larin</i> fe 1/20 (28)	73
<i>latanoprost</i>	75
LAZCLUZE	22
<i>leflunomide</i>	70
<i>lenalidomide</i>	22
LENVIMA	22
LEQEMBI IQLIK	33
<i>lessina</i>	73
<i>letrozole</i>	22
<i>leucovorin calcium</i>	17
LEUKERAN	23
LEUKINE	65
<i>leuprolide</i>	23
<i>levalbuterol hcl</i>	78
LEVALBUTEROL TARTRATE	78
<i>levetiracetam</i>	30
LEVETIRACETAM	30
<i>levetiracetam in nacl (iso-os)</i>	30
<i>levobunolol</i>	74
<i>levocarnitine</i>	55
<i>levocarnitine (with sugar)</i>	55
<i>levocetirizine</i>	76
<i>levofloxacin</i>	16
<i>levofloxacin in d5w</i>	16
<i>levonest</i> (28)	73
<i>levonorgest-eth.estradiol-iron</i>	73
<i>levonorgestrel-ethinyl estradiol</i>	73

<i>levonorg-eth estrad triphasic</i>	73	LUPRON DEPOT (4 MONTH)	23	MEROPENEM	14
<i>levothyroxine</i>	62	LUPRON DEPOT (6 MONTH)	23	MEROPENEM-0.9% SODIUM	
<i>levoxyl</i>	62	<i>lurasidone</i>	41	CHLORIDE	14
LIBTAYO	23	<i>lutera</i> (28)	73	<i>mesalamine</i>	63
<i>lidocaine</i>	51	LUTRATE DEPOT (3		<i>mesalamine with cleansing</i>	
<i>lidocaine (pf)</i>	44, 51	MONTH)	23	wipe	63
<i>lidocaine hcl</i>	51	LYBALVI	41	<i>mesna</i>	17
<i>lidocaine-prilocaine</i>	51	LYNOZYFIC	23	<i>metformin</i>	59, 60
LIFYORLI	23	LYNPARZA	23	<i>methadone</i>	35
LILETTA	71	LYSODREN	23	<i>methazolamide</i>	75
<i>lincomycin</i>	13	LYTGOBI	23	<i>methenamine hippurate</i>	17
<i>linezolid</i>	14	LYUMJEV KWIKPEN U-100		<i>methimazole</i>	57
<i>linezolid in dextrose 5%</i>	13	INSULIN	59	<i>methocarbamol</i>	34
LINEZOLID-0.9% SODIUM		LYUMJEV KWIKPEN U-200		<i>methotrexate sodium</i>	24
CHLORIDE	14	INSULIN	59	<i>methotrexate sodium (pf)</i>	24
LINZESS	63	LYUMJEV U-100 INSULIN	59	<i>methoxsalen</i>	51
<i>liomny</i>	62	<i>lyza</i>	71	<i>methsuximide</i>	30
<i>liothyronine</i>	62	M		<i>methylphenidate hcl</i>	41
<i>lisdexamfetamine</i>	41	<i>macitentan</i>	78	<i>methylprednisolone</i>	57
<i>lisinopril</i>	45	<i>magnesium sulfate</i>	80	<i>methylprednisolone acetate</i>	57
<i>lisinopril-hydrochlorothiazide</i>	45	MAGNESIUM SULFATE IN		<i>methylprednisolone sodium</i>	
<i>lithium carbonate</i>	41	D5W	80	succ	57
<i>lithium citrate</i>	41	<i>magnesium sulfate in water</i>	80	<i>metoclopramide hcl</i>	63
LIVTENCITY	10	MAGNESIUM SULFATE IN		<i>metolazone</i>	46
<i>lojaimiess</i>	73	WATER	80	<i>metoprolol succinate</i>	46
LOKELMA	55	<i>malathion</i>	54	<i>metoprolol ta-hydrochlorothiaz</i>	46
<i>lomustine</i>	23	<i>maraviroc</i>	10	<i>metoprolol tartrate</i>	46
LONSURF	23	MARGENZA	23	<i>metro i.v.</i>	14
<i>loperamide</i>	62	<i>marlissa</i> (28)	73	<i>metronidazole</i>	14, 51, 71
<i>lopinavir-ritonavir</i>	10	MARPLAN	41	<i>metronidazole in nacl (iso-os)</i>	14
LOQTORZI	23	MATULANE	23	<i>metyrosine</i>	46
<i>lorazepam</i>	41	<i>matzim la</i>	45	<i>mexiletine</i>	44
<i>lorazepam intensol</i>	41	MAXICOMFORT SAFETY		<i>miconazole</i>	8
LORBRENA	23	PEN NEEDLE	68	MICAFUNGIN IN 0.9 %	
<i>loryna</i> (28)	73	<i>meclizine</i>	63	SODIUM CHL	8
<i>losartan</i>	45	MEDROL	57	<i>microgestin 1.5/30 (21)</i>	73
<i>losartan-hydrochlorothiazide</i>	45	<i>medroxyprogesterone</i>	71	<i>microgestin 1/20 (21)</i>	73
LOTEMAX	76	<i>mefloquine</i>	14	<i>microgestin fe 1.5/30 (28)</i>	73
LOTEMAX SM	76	<i>megestrol</i>	23	<i>microgestin fe 1/20 (28)</i>	73
<i>loteprednol etabonate</i>	76	MEKINIST	23, 24	<i>midodrine</i>	55
<i>lovastatin</i>	48	MEKTOVI	24	MIEBO (PF)	75
<i>loxapine succinate</i>	41	<i>meleya</i>	71	<i>mifepristone</i>	61
<i>lo-zumandimine</i> (28)	73	<i>meloxicam</i>	36	<i>migergot</i>	32
<i>lubiprostone</i>	63	<i>melphalan hcl</i>	24	<i>miglitol</i>	60
<i>ludent fluoride</i>	82	<i>memantine</i>	33	<i>mili</i>	73
<i>luizza</i>	73	MEMANTINE	33	<i>minocycline</i>	17
LUMAKRAS	23	<i>memantine-donepezil</i>	33	<i>minoxidil</i>	46
LUMIZYME	61	MENQUADFI (PF)	66	<i>minzoya</i>	73
LUNSUMIO	23	MENVEO A-C-Y-W-135-DIP		<i>mirtazapine</i>	41
LUNSUMIO VELO	23	(PF)	66	<i>misoprostol</i>	64
LUPRON DEPOT	23	<i>mercaptopurine</i>	24	<i>mitomycin</i>	24
LUPRON DEPOT (3 MONTH)	23	<i>meropenem</i>	14	M-M-R II (PF)	66

<i>m-natal plus</i>	82	<i>neomycin-bacitracin-polymyxin</i>	74	NOVOPEN ECHO	68
<i>modafinil</i>	41	<i>neomycin-polymyxin b gu</i>	54	NUBEQA	24
MODEYSO	24	<i>neomycin-polymyxin b-</i>		NUCALA	78
<i>moexipril</i>	46	<i>dexameth</i>	76	NUDEXTA	33
<i>molindone</i>	41	<i>neomycin-polymyxin-</i>		NULOJIX	24
<i>mometasone</i>	53	<i>gramicidin</i>	74	NUPLAZID	41
MOMETASONE	78	<i>neomycin-polymyxin-hc</i>	56, 76	NURTEC ODT	32
<i>mondoxylene nl</i>	17	NERLYNX	24	NUZYRA	17
MONJUVI	24	<i>nevirapine</i>	10	<i>nyamyc</i>	52
<i>mono-lynyah</i>	73	NEXLETOL	48	<i>nylia 1/35 (28)</i>	73
<i>montelukast</i>	78	NEXLIZET	48	<i>nylia 7/7/7 (28)</i>	73
<i>morphine</i>	35	NEXPLANON	71	<i>nystatin</i>	8, 52
MORPHINE	35	<i>niacin</i>	48	<i>nystatin-triamcinolone</i>	52
<i>morphine (pf)</i>	35	NIACOR	48	<i>nystop</i>	52
<i>morphine concentrate</i>	35	<i>nicardipine</i>	46	NYVEPRIA	65
MOUNJARO	60	NICOTROL NS	56	O	
MOVANTIK	63	<i>nifedipine</i>	46	<i>ocella</i>	73
<i>moxifloxacin</i>	16, 74	<i>nikki (28)</i>	73	OCTAGAM	66
MOXIFLOXACIN-		<i>nilotinib hcl</i>	24	<i>octreotide acetate</i>	24
SOD.ACE,SUL-WATER	16	<i>nilutamide</i>	24	<i>octreotide,microspheres</i>	24
<i>moxifloxacin-sod.chloride(iso)</i>	16	<i>nimodipine</i>	46	ODEFSEY	10
MRESVIA (PF)	66	NINLARO	24	ODOMZO	24
MULTAQ	44	<i>nintedanib</i>	78	OFEV	78
<i>mupirocin</i>	52	NIPENT	24	<i>ofloxacin</i>	56, 74
<i>mupirocin calcium</i>	52	<i>nitazoxanide</i>	14	OGIVRI	24
<i>mycophenolate mofetil</i>	24	<i>nitisinone</i>	55	OGSIVEO	24
<i>mycophenolate mofetil (hcl)</i>	24	<i>nitrofurantoin macrocrystal</i>	17	OHTUVAYRE	78
<i>mycophenolate sodium</i>	24	<i>nitrofurantoin monohyd/m-</i>		OJEMDA	24, 25
MYLOTARG	24	<i>cryst</i>	17	OJJAARA	25
MYRBETRIQ	79	<i>nitroglycerin</i>	49, 63	<i>olanzapine</i>	41, 42
N		NIVESTYM	65	<i>olanzapine-fluoxetine</i>	42
<i>nabumetone</i>	36	<i>nora-be</i>	71	<i>olmesartan</i>	46
<i>nadolol</i>	46	<i>norethindrone (contraceptive)</i>	71	<i>olmesartan-amlodipin-</i>	
<i>nafcillin</i>	15	<i>norethindrone acetate</i>	71	<i>hctiazid</i>	46
<i>nafcillin in dextrose iso-osm</i>	15	<i>norethindrone ac-eth estradiol</i> . 71, 73		<i>olmesartan-</i>	
<i>naftifine</i>	52	<i>norethindrone-e.estradiol-iron</i>	73	<i>hydrochlorothiazide</i>	46
NAGLAZYME	61	<i>norgestimate-ethinyl estradiol</i>	73	<i>omega-3 acid ethyl esters</i>	49
<i>naloxone</i>	36	<i>nortrel 0.5/35 (28)</i>	73	<i>omeprazole</i>	64
<i>naltrexone</i>	36	<i>nortrel 1/35 (21)</i>	73	OMNIPOD 5 (LIBRE 2/3	
NANO PEN NEEDLE	68	<i>nortrel 1/35 (28)</i>	73	PLUS)	68
<i>naproxen</i>	36	<i>nortrel 7/7/7 (28)</i>	73	OMNIPOD 5 G6-G7 INTRO	
<i>naproxen sodium</i>	36	<i>nortriptyline</i>	41	KT(GEN5)	68
<i>naratriptan</i>	32	NORVIR	10	OMNIPOD 5 G6-G7 PODS	
NATACYN	74	NOVOFINE 32	68	(GEN 5)	68
<i>nateglinide</i>	60	NOVOFINE PLUS	68	OMNIPOD 5 INTRO	
NAYZILAM	30	NOVOLIN R FLEXPEN	60	(LIBRE2/3PLUS)	68
<i>nebivolol</i>	46	NOVOLOG FLEXPEN U-100		OMNIPOD DASH INTRO KIT	
<i>necon 0.5/35 (28)</i>	73	INSULIN	60	(GEN 4)	68
<i>nefazodone</i>	41	NOVOLOG PENFILL U-100		OMNIPOD DASH PODS	
NELARABINE	24	INSULIN	60	(GEN 4)	68
<i>neomycin</i>	14	NOVOLOG U-100 INSULIN		ONCASPAS	25
<i>neomycin-bacitracin-poly-hc</i>	75	ASPART	60	<i>ondansetron</i>	63

<i>ondansetron hcl</i>	63	<i>pazopanib</i>	25	<i>pirfenidone</i>	78
<i>ondansetron hcl (pf)</i>	63	PAZOPANIB.....	25	PIRFENIDONE.....	78
ONGENTYS.....	32	PEDIARIX (PF).....	66	<i>pitavastatin calcium</i>	49
ONIVYDE.....	25	PEDVAX HIB (PF).....	67	PLENAMINE.....	81
ONUREG.....	25	<i>peg 3350-electrolytes</i>	63	<i>plerixafor</i>	65
OPDIVO.....	25	PEGASYS.....	65	<i>pnv-dha</i>	82
OPDIVO QVANTIG.....	25	<i>peg-electrolyte soln</i>	63	<i>pnv-omega</i>	82
OPDUALAG.....	25	PEMAZYRE.....	25	<i>pnv-select</i>	82
OIPZA.....	42	<i>pemetrexed disodium</i>	25	<i>podofilox</i>	51
<i>oralone</i>	56	PEMETREXED DISODIUM.....	25	POLIVY.....	25
ORBACTIV.....	14	PEN NEEDLE, DIABETIC.....	68	<i>polymyxin b sulfate</i>	14
ORENITRAM.....	46	PENBRAYA (PF).....	67	<i>polymyxin b sulf-trimethoprim</i>	74
ORENITRAM MONTH 1		<i>penciclovir</i>	52	<i>pomalidomide</i>	25
TITRATION KT.....	46	<i>penicillamine</i>	70	POMALYST.....	25
ORENITRAM MONTH 2		<i>penicillin g potassium</i>	15	<i>portia 28</i>	73
TITRATION KT.....	46	<i>penicillin v potassium</i>	15	<i>posaconazole</i>	8
ORENITRAM MONTH 3		PENMENVY MEN A-B-C-W-Y		<i>potassium chlorid-d5-</i>	
TITRATION KT.....	46	(PF).....	67	0.45% <i>nacl</i>	80
ORGOVYX.....	25	PENTACEL (PF).....	67	<i>potassium chloride</i>	80, 81
ORKAMBI.....	78	<i>pentamidine</i>	14	POTASSIUM CHLORIDE.....	80, 81
<i>orquidea</i>	71	PENTIPS PEN NEEDLE.....	68	<i>potassium chloride in</i>	
ORSERDU.....	25	<i>pentoxifylline</i>	48	0.9% <i>nacl</i>	80
<i>oseltamivir</i>	10	<i>perampanel</i>	30	<i>potassium chloride in 5 % dex</i>	80
OTEZLA.....	70	PERIKABIVEN.....	81	<i>potassium chloride in lr-d5</i>	80
OTEZLA STARTER.....	70	<i>perindopril erbumine</i>	46	<i>potassium chloride in water</i>	80
OTEZLA XR.....	70	<i>periogard</i>	56	<i>potassium chloride-0.45 %</i>	
OTEZLA XR INITIATION.....	70	PERJETA.....	25	<i>nacl</i>	81
OTULFI.....	50	<i>permethrin</i>	54	<i>potassium chloride-d5-</i>	
<i>oxacillin</i>	15	<i>perphenazine</i>	42	0.2% <i>nacl</i>	81
<i>oxaliplatin</i>	25	<i>perphenazine-amitriptyline</i>	42	<i>potassium chloride-d5-</i>	
<i>oxaprozin</i>	36	<i>pfiizerpen-g</i>	16	0.9% <i>nacl</i>	81
<i>oxazepam</i>	42	<i>phenelzine</i>	42	<i>potassium citrate</i>	80
<i>oxcarbazepine</i>	30	<i>phenobarbital</i>	30	POTELIGEO.....	25
OXERVATE.....	75	<i>phenobarbital sodium</i>	30	<i>pr natal 400</i>	82
<i>oxybutynin chloride</i>	79	<i>phenoxybenzamine</i>	46	<i>pr natal 400 ec</i>	82
<i>oxycodone</i>	35	<i>phenytoin</i>	30	<i>pr natal 430</i>	82
OXYCODONE.....	35	<i>phenytoin sodium</i>	30	<i>pr natal 430 ec</i>	82
<i>oxycodone-acetaminophen</i>	35	<i>phenytoin sodium extended</i>	30	PRALATREXATE.....	25
OZEMPIC.....	60	PHESGO.....	25	<i>pramipexole</i>	32
P		<i>philith</i>	73	<i>prasugrel hcl</i>	48
<i>pacerone</i>	44	PIFELTRO.....	10	<i>pravastatin</i>	49
<i>paclitaxel</i>	25	<i>pilocarpine hcl</i>	55, 75	<i>praziquantel</i>	14
<i>paclitaxel protein-bound</i>	25	<i>pimecrolimus</i>	51	<i>prazosin</i>	46
PADCEV.....	25	<i>pimozide</i>	42	<i>prednisolone</i>	57
<i>paliperidone</i>	42	<i>pimtrea (28)</i>	73	<i>prednisolone acetate</i>	76
<i>palonosetron</i>	63	<i>pindolol</i>	46	<i>prednisolone sodium</i>	
<i>pamidronate</i>	61	<i>pioglitazone</i>	60	<i>phosphate</i>	57, 76
PANRETIN.....	51	<i>pioglitazone-metformin</i>	60	<i>prednisone</i>	57
<i>pantoprazole</i>	64	<i>piperacillin-tazobactam</i>	16	<i>prednisone intensol</i>	57
<i>paricalcitol</i>	61	PIPERACILLIN-		<i>pregabalin</i>	30
<i>paroxetine hcl</i>	42	TAZOBACTAM.....	16	PREMARIN.....	71
PAXLOVID.....	10	PIQRAY.....	25	<i>premasol 10 %</i>	81

PREMPRO	71	<i>raloxifene</i>	69	<i>roweepra</i>	30
<i>prenatal plus (calcium carb)</i>	82	<i>ramelteon</i>	42	ROZLYTREK	26
<i>prenatal vitamin plus low iron</i>	82	<i>ramipril</i>	46	RUBRACA	26
PREVYMIS	10	<i>ranolazine</i>	49	<i>rufinamide</i>	30, 31
PREZCOBIX	10	<i>rasagiline</i>	32	RUKOBIA	10
PREZISTA	10	RAYALDEE	61	RUXIENCE	26
PRIFTIN	14	<i>reclipsen (28)</i>	73	RYBELSUS	60
PRIMAQUINE	14	RECOMBIVAX HB (PF)	67	RYBREVANT	26
<i>primidone</i>	30	REMICADE	63	RYBREVANT FASPRO	26
PRIMIDONE	30	RENACIDIN	80	RYDAPT	26
PRIORIX (PF)	67	<i>repaglinide</i>	60	RYLAZE	26
PRO COMFORT ALCOHOL		REPATHA SURECLICK	49	S	
PADS	60	REPATHA SYRINGE	49	<i>sacubitril-valsartan</i>	49
<i>probenecid</i>	69	RETACRIT	65	<i>sajazir</i>	78
<i>probenecid-colchicine</i>	69	RETEVMO	25	<i>salsalate</i>	36
<i>prochlorperazine</i>	63	RETROVIR	10	SANCUSO	64
<i>prochlorperazine edisylate</i>	63	REVCovi	55	SANTYL	51
<i>prochlorperazine maleate</i>	63	REVUFORJ	25	<i>sapropterin</i>	61
PROCRIT	65	REXTOVY	36	SARCLISA	26
<i>procto-med hc</i>	63	REXULTI	42	SCEMBLIX	26
<i>proctosol hc</i>	63	REYATAZ	10	<i>scopolamine base</i>	64
<i>proctozone-hc</i>	63	REZDIFFRA	55	SECUADO	43
<i>progesterone micronized</i>	71	REZLIDHIA	25	<i>selegiline hcl</i>	32
PROGRAF	25	REZUROCK	26	<i>selenium sulfide</i>	50
PROLASTIN-C	55	RHOPRESSA	75	SELZENTRY	10
<i>promethazine</i>	76	<i>ribavirin</i>	10	SEREVENT DISKUS	78
<i>promethegan</i>	76	<i>rifabutin</i>	14	<i>sertraline</i>	43
<i>propafenone</i>	44	<i>rifampin</i>	14	<i>setlakin</i>	73
<i>propranolol</i>	46	<i>rilpivirine hcl</i>	10	<i>sevelamer carbonate</i>	55
<i>propylthiouracil</i>	57	<i>riluzole</i>	55	<i>sharobel</i>	71
PROQUAD (PF)	67	<i>rimantadine</i>	10	SHINGRIX (PF)	67
PROSOL 20 %	81	<i>ringer's</i>	54, 81	SIGNIFOR	26
<i>protriptyline</i>	42	RINVOQ	70	<i>sildenafil</i>	80
PULMOZYME	78	RINVOQ LQ	70	<i>sildenafil (pulm.hypertension)</i>	78
PURE COMFORT ALCOHOL		<i>risedronate</i>	55, 69	<i>silver sulfadiazine</i>	51
PADS	60	<i>risperidone</i>	42, 43	SIMBRINZA	75
<i>pyrazinamide</i>	14	<i>risperidone microspheres</i>	42	<i>simliya (28)</i>	73
<i>pyridostigmine bromide</i>	34	<i>ritonavir</i>	10	<i>simpesse</i>	73
<i>pyrimethamine</i>	14	<i>rivaroxaban</i>	48	SIMULECT	26
Q		<i>rivastigmine</i>	33	<i>simvastatin</i>	49
QINLOCK	25	<i>rivastigmine tartrate</i>	33	<i>sirolimus</i>	26
QUADRACEL (PF)	67	<i>rivelsa</i>	73	SIRTURO	14
<i>quetiapine</i>	42	<i>rizatriptan</i>	32	<i>sitagliptin phos-metformin</i>	60
QUETIAPINE	42	ROCKLATAN	75	<i>sitagliptin phosphate</i>	60
<i>quinapril</i>	46	<i>roflumilast</i>	78	SIVEXTRO	14
<i>quinapril-hydrochlorothiazide</i>	46	<i>romidepsin</i>	26	SKYRIZI	50, 64
<i>quinidine sulfate</i>	44	ROMVIMZA	26	<i>sodium bicarbonate</i>	81
<i>quinine sulfate</i>	14	<i>ropinirole</i>	32	<i>sodium chloride</i>	81
R		<i>rosuvastatin</i>	49	SODIUM CHLORIDE	55, 81
RABAVERT (PF)	67	<i>rosyrah</i>	73	<i>sodium chloride 0.45 %</i>	81
RADICAVA	33	ROTARIX	67	<i>sodium chloride 0.9 %</i>	55
RALDESY	42	ROTATEQ VACCINE	67	<i>sodium chloride 3 %</i>	

<i>hypertonic</i>	81	<i>sumatriptan succinate</i>	32	<i>terbutaline</i>	78
<i>sodium chloride 5 %</i>		<i>sunitinib malate</i>	26	<i>terconazole</i>	71
<i>hypertonic</i>	81	SUNLENCA	10	<i>teriflunomide</i>	34
<i>sodium fluoride 5000 dry</i>		SUTAB	64	<i>teriparatide</i>	70
<i>mouth</i>	56	<i>syeda</i>	73	<i>testosterone</i>	61
<i>sodium fluoride 5000 plus</i>	56	SYLVANT	26	TESTOSTERONE	61
<i>sodium fluoride-pot nitrate</i>	56	SYMDEKO	78	<i>testosterone cypionate</i>	61
SODIUM OXYBATE	43	SYMPAZAN	31	<i>testosterone enanthate</i>	61
<i>sodium phenylbutyrate</i>	55	SYMTUZA.....	10	<i>tetrabenazine</i>	34
<i>sodium polystyrene sulfonate</i>	55	SYNAREL	61	<i>tetracycline</i>	17
<i>sodium,potassium,mag</i>		SYNTHROID	62	TEVIMBRA	26
<i>sulfates</i>	64	T		THALOMID	26, 27
<i>solifenacin</i>	79	TABLOID	26	THEO-24	78
SOLQUA 100/33	60	TABRECTA.....	26	<i>theophylline</i>	78
SOLTAMOX	26	<i>tacrolimus</i>	26, 51	<i>thioridazine</i>	43
SOLU-CORTEF ACT-O-VIAL		TACROLIMUS	26	<i>thiotepa</i>	27
(PF)	57	<i>tadalafil</i>	80	<i>thiothixene</i>	43
SOMATULINE DEPOT	26	<i>tadalafil (pulm. hypertension)</i>	78	<i>tiadylt er</i>	46
SOMAVERT	61	TAFINLAR.....	26	<i>tiagabine</i>	31
<i>sorafenib</i>	26	TAGRISSO	26	TIBSOVO.....	27
<i>sotalol</i>	44	TALICIA	65	<i>ticagrelor</i>	48
<i>sotalol af</i>	44	TALVEY	26	TICE BCG.....	67
SOTYLIZE	44	TALZENNA	26	TICOVAC.....	67
SPIRIVA RESPIMAT	78	<i>tamoxifen</i>	26	<i>tigecycline</i>	14
<i>spironolactone</i>	46	<i>tamsulosin</i>	79	<i>tilia fe</i>	74
<i>spironolacton-hydrochlorothiaz</i>	46	<i>tarina 24 fe</i>	73	<i>timolol maleate</i>	46, 75
SPRAVATO	43	<i>tarina fe 1-20 eq (28)</i>	74	<i>timolol maleate (pf)</i>	75
<i>sprintec (28)</i>	73	<i>taron-c dha</i>	82	<i>tinidazole</i>	14
SPRITAM.....	31	TARPEYO.....	57	<i>tiotropium bromide</i>	78
<i>sps (with sorbitol)</i>	55	<i>tasimelteon</i>	43	TIVDAK.....	27
<i>ssd</i>	51	<i>tazarotene</i>	51	TIVICAY.....	10
STAMARIL (PF).....	67	<i>tazicef</i>	12	TIVICAY PD.....	10
STIVARGA	26	TECENTRIQ	26	<i>tizanidine</i>	34
STREPTOMYCIN	14	TECENTRIQ HYBREZA	26	TOBI PODHALER	14
STRIBILD	10	TECHLITE INSULIN		<i>tobramycin</i>	74
SUBLOCADE	35	SYRINGE.....	69	<i>tobramycin in 0.225 % nacl</i>	14
<i>subvenite</i>	31	TECHLITE INSULN		<i>tobramycin sulfate</i>	14
SUBVENITE	31	SYR(HALF UNIT)	69	<i>tobramycin-dexamethasone</i>	76
<i>subvenite starter (blue) kit</i>	31	TECHLITE PEN NEEDLE	69	TOBRAMYCIN-LOTEPRED	76
<i>subvenite starter (green) kit</i>	31	TECVAYLI.....	26	TOBREX.....	74
<i>subvenite starter (orange) kit</i>	31	TEFLARO	12	<i>tolterodine</i>	79
SUCRAID	64	<i>telmisartan</i>	46	<i>tolvaptan</i>	61
<i>sucalfate</i>	65	<i>telmisartan-amlodipine</i>	46	<i>tolvaptan (polycys kidney dis)</i>	61
SUFLAVE	64	<i>telmisartan-hydrochlorothiazid</i>	46	<i>topiramate</i>	31
<i>sulfacetamide sodium</i>	75	<i>temazepam</i>	43	TOPIRAMATE	31
<i>sulfacetamide sodium (acne)</i>	52	TEMODAR	26	<i>topotecan</i>	27
<i>sulfacetamide-prednisolone</i>	75	<i>temsirolimus</i>	26	<i>toremifene</i>	27
<i>sulfadiazine</i>	16	TENIVAC (PF)	67	<i>torse mide</i>	46
<i>sulfamethoxazole-trimethoprim</i>	16	<i>tenofovir disoproxil fumarate</i>	10	TOUJEO MAX U-300	
<i>sulfasalazine</i>	64	TEPMETKO	26	SOLOSTAR.....	60
<i>sulindac</i>	36	<i>terazosin</i>	46	TOUJEO SOLOSTAR U-300	
<i>sumatriptan</i>	32	<i>terbinafine hcl</i>	8	INSULIN	60

TPN ELECTROLYTES	81	TRUEPLUS INSULIN.....	69	COMBO NO.1	15
TRADJENTA	60	TRUEPLUS PEN NEEDLE	69	VANFLYTA	27
<i>tramadol</i>	36	TRULANCE.....	64	VAQTA (PF)	67
<i>tramadol-acetaminophen</i>	36	TRULICITY	60	<i>varenicline tartrate</i>	56
<i>trandolapril</i>	46	TRUMENBA.....	67	VARENICLINE TARTRATE.....	56
<i>tranexamic acid</i>	71	TRUQAP	27	VARIVAX (PF)	67
<i>tranylcypromine</i>	43	TUKYSA.....	27	VAXCHORA VACCINE	67
<i>travasol 10 %</i>	81	TURALIO	27	VECTIBIX	27
<i>travoprost</i>	75	<i>turqoz (28)</i>	74	VEKLURY	11
TRAZIMERA.....	27	TWINRIX (PF)	67	<i>velivet triphasic regimen (28)</i>	74
<i>trazodone</i>	43	<i>tydemy</i>	74	VEMLIDY	11
TRELEGY ELLIPTA	78	TYENNE	70	VENCLEXTA	27
TRELSTAR.....	27	TYENNE AUTOINJECTOR	70	VENCLEXTA STARTING	
TREMFYA	50	TYPHIM VI	67	PACK	27
TREMFYA ONE-PRESS	50	TYVASO	79	<i>venlafaxine</i>	43
TREMFYA PEN.....	50	TYVASO INSTITUTIONAL		VENTOLIN HFA	79
TREMFYA PEN INDUCTION		START KIT	79	VEPPANU	27
PK(2PEN).....	50	TYVASO REFILL KIT.....	79	<i>verapamil</i>	47
<i>tretinoin</i>	52	TYVASO STARTER KIT	79	VERIFINE PLUS PEN	
<i>tretinoin (antineoplastic)</i>	27	TZIELD.....	55	NEEDLE-SHARP	69
<i>tretinoin microspheres</i>	52	U		VERQUVO.....	49
<i>triamcinolone acetonide</i> 53, 54, 56, 57		ULTRA-FINE INSULIN		VERSACLOZ.....	43
<i>triamterene-hydrochlorothiazid</i>	47	SYRINGE.....	69	VERZENIO	27
<i>trientine</i>	55	ULTRA-FINE PEN NEEDLE	69	<i>vestura (28)</i>	74
<i>tri-estarylla</i>	74	UNIFINE PENTIPS	69	V-GO 20	69
<i>trifluoperazine</i>	43	UNIFINE PENTIPS		V-GO 30	69
<i>trifluridine</i>	74	MAXFLOW.....	69	V-GO 40	69
<i>trihexyphenidyl</i>	32	UNIFINE PENTIPS PLUS.....	69	<i>vienna</i>	74
TRIKAFTA	79	UNIFINE PENTIPS PLUS		<i>vigabatrin</i>	31
<i>tri-legest fe</i>	74	MAXFLOW.....	69	<i>vigadrone</i>	31
<i>tri-lynyah</i>	74	<i>unithroid</i>	62	VIGAFYDE	31
<i>tri-lo-estarylla</i>	74	UNITUXIN.....	27	<i>vilazodone</i>	43
<i>tri-lo-marzia</i>	74	<i>ursodiol</i>	64	VIMKUNYA.....	67
<i>tri-lo-mili</i>	74	V		<i>vinblastine</i>	27
<i>tri-lo-sprintec</i>	74	<i>valacyclovir</i>	11	<i>vincristine</i>	27
<i>trimethoprim</i>	17	VALCHLOR.....	51	<i>vinorelbine</i>	27
<i>tri-mili</i>	74	<i>valganciclovir</i>	11	<i>viorele (28)</i>	74
<i>trimipramine</i>	43	<i>valproate sodium</i>	31	VIRACEPT.....	11
<i>trinatal rx 1</i>	82	<i>valproic acid</i>	31	VIREAD	11
TRINTELLIX	43	<i>valproic acid (as sodium salt)</i>	31	VITRAKVI	27
<i>tri-sprintec (28)</i>	74	<i>valrubicin</i>	27	VIVITROL	36
TRIUMEQ	10	<i>valsartan</i>	47	VIVOTIF.....	67
TRIUMEQ PD.....	11	<i>valsartan-hydrochlorothiazide</i>	47	<i>volnea (28)</i>	74
<i>tri-vylibra</i>	74	VALTOCO.....	31	VONJO	27
<i>tri-vylibra lo</i>	74	<i>valtya</i>	74	VOQUEZNA DUAL PAK.....	65
TRODELVY	27	<i>vancomycin</i>	14, 15	VOQUEZNA TRIPLE PAK.....	65
TROGARZO	11	VANCOMYCIN.....	14, 15	VORANIGO	27
TROPHAMINE 10 %	81	VANCOMYCIN IN 0.9 %		<i>voriconazole</i>	8
TRUE COMFORT ALCOHOL		SODIUM CHL	14	<i>voriconazole-hpbc</i> d	8
PADS	60	VANCOMYCIN IN		VOSEVI	11
TRUE COMFORT PRO		DEXTROSE 5 %.....	14	VOWST	64
ALCOHOL PADS	60	VANCOMYCIN-DILUENT		VRAYLAR.....	43

<i>vyfemla</i> (28).....	74	<i>xelria fe</i>	74	DAY).....	34
<i>vylibra</i>	74	XEMBIFY	67	ZEPOSIA STARTER PACK	
VYLOY	27	XERMELO	28	(7-DAY)	34
VYNDAMAX	49	XHANCE	79	ZEPZELCA	28
VYNDAQEL	49	XIAFLEX	56	<i>zidovudine</i>	11
VYVGART HYTRULO	34	XIFAXAN.....	15	ZIIHERA	28
VYXEOS.....	27	XIIDRA.....	75	<i>ziprasidone hcl</i>	44
W		XOFLUZA	11	<i>ziprasidone mesylate</i>	44
<i>warfarin</i>	48	XOLAIR.....	79	ZIRABEV	28
<i>water for irrigation, sterile</i>	55	XOSPATA	28	ZIRGAN	74
WEGOVY	55, 56	XPOVIO	28	<i>zoledronic acid</i>	61
WELIREG	27	XTANDI.....	28	<i>zoledronic acid-mannitol-water</i>	56
<i>wera</i> (28)	74	Y		ZOLEDRONIC AC-	
<i>wescap-pn dha</i>	82	YERVOY	28	MANNITOL-0.9NACL	61
<i>wesnate dha</i>	82	YF-VAX (PF)	67	ZOLINZA	28
<i>westab plus</i>	82	YONDELIS	28	<i>zolpidem</i>	44
<i>westgel dha</i>	82	<i>yulithira</i>	28	ZONISADE	31
WINREVAIR	79	<i>yuvaferm</i>	71	<i>zonisamide</i>	31
<i>wixela inhub</i>	79	Z		ZOSYN IN DEXTROSE (ISO-	
<i>wymzya fe</i>	74	<i>zafemy</i>	71	OSM).....	16
X		<i>zafirlukast</i>	79	<i>zovia 1-35</i> (28).....	74
XALKORI.....	27, 28	<i>zaleplon</i>	43	ZTALMY	31
<i>xarah fe</i>	74	ZALTRAP	28	ZTLIDO	51
XATMEP	28	ZEJULA.....	28	<i>zumandimine</i> (28).....	74
XCOPRI.....	31	ZELBORAF	28	ZURZUVAE	44
XCOPRI MAINTENANCE		<i>zenatane</i>	52	ZYDELIG	28
PACK	31	ZENPEP	64	ZYKADIA	28
XCOPRI TITRATION PACK.....	31	ZEPOSIA	34	ZYMFENTRA.....	64
XDEMVY	75	ZEPOSIA STARTER KIT (28-		ZYNLONTA	28
				ZYNYZ.....	28

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हिंदी
(Hindi):

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उचित सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। प्लान के बारे में अधिक जानकारी के लिए कॉल करें या अपने प्रदाता से बात करें।

Italiano
(Italian):

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero corrispondente al Suo piano per ulteriori informazioni o si rivolga al Suo fornitore.

Português
(Portuguese):

ATENÇÃO: Se fala português, tem à sua disposição serviços gratuitos de assistência linguística. Também estão disponíveis equipamentos e serviços de assistência adequados que lhe permitem ter acesso às informações em formatos acessíveis, de forma gratuita. Contacte o plano para obter mais informações ou fale com o seu prestador.

Kreyòl Ayisyen
(Haitian Creole):

ATANSYON: Si ou pale kreyòl ayisyen, w ap jwenn sèvis asistans lengwistik gratis. Gen èd ak sèvis oksilyè ki apwopriye pou bay enfòmasyon nan fòm ki aksesib, ki disponib gratis tou. Rele plan an pou jwenn plis enfòmasyon oswa pou w pale ak pwofesyonèl swen sante w la.

Polski
(Polish):

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Odpowiednie wsparcie i usługi pomocnicze w celu zapewnienia informacji w przystępnych formatach są również dostępne bezpłatnie. Dodatkowe informacje można uzyskać dzwoniąc do planu lub rozmawiając ze świadczeniodawcą.

日本語
(Japanese):

注: お客様が[日本語]を話す場合は、無料の言語アシスタンス・サービスを利用できます。アクセスしやすい形式で情報提供を行うための、適切な補助器具やサービスも無料でご利用いただけます。詳細はプランにお電話いただくか、プロバイダーにご相談ください。

NOTES

[illegible]

NOTES



1-800-668-3813 (TTY users should call 711)

October 1 – March 31,
8 a.m. – 8 p.m. local time, 7 days a week.
April 1 – September 30
Monday – Friday 8 a.m. – 8 p.m. local time.

www.HealthSpring.com

Contract/PBP Numbers

H0439-003-001	H2108-022-000	H4513-026-000	H4513-068-001	H4513-087-003	H7020-011-003	H7849-145-000
H0439-003-002	H2108-046-000	H4513-030-000	H4513-068-002	H4513-087-004	H7849-002-000	H7849-146-000
H0439-008-000	H2752-004-000	H4513-036-000	H4513-073-000	H4513-088-000	H7849-015-000	H7849-147-000
H0439-009-000	H2752-005-000	H4513-037-000	H4513-077-001	H4513-089-000	H7849-070-000	H7849-149-000
H0439-010-000	H2752-006-000	H4513-038-000	H4513-077-002	H4513-090-000	H7849-080-000	H7849-151-000
H0439-011-000	H2752-007-000	H4513-049-001	H4513-077-003	H4513-091-000	H7849-088-000	H7849-153-000
H0439-015-001	H3949-030-000	H4513-049-002	H4513-077-004	H4513-092-000	H7849-102-001	H7849-154-000
H0439-015-002	H3949-031-000	H4513-049-003	H4513-083-001	H4513-093-000	H7849-102-002	H7849-155-000
H0439-016-000	H3949-035-000	H4513-049-004	H4513-083-002	H4513-095-000	H7849-102-003	H7849-156-000
H0439-017-000	H3949-047-000	H4513-049-005	H4513-083-003	H4513-096-000	H7849-106-000	H9725-009-001
H0439-018-000	H3949-048-000	H4513-050-000	H4513-083-004	H4513-103-000	H7849-113-001	H9725-009-003
H0439-019-000	H3949-052-000	H4513-052-000	H4513-083-005	H5410-018-000	H7849-113-003	H9725-009-004
H0439-020-000	H3949-053-000	H4513-061-001	H4513-083-006	H5410-024-000	H7849-113-004	H9725-015-001
H0439-021-000	H3949-054-000	H4513-061-002	H4513-083-007	H5410-059-000	H7849-135-000	H9725-015-003
H0672-005-000	H4407-027-000	H4513-061-003	H4513-084-000	H7020-010-001	H7849-136-001	H9725-015-004
H0672-006-000	H4407-030-001	H4513-061-004	H4513-085-000	H7020-010-002	H7849-136-002	H9725-016-000
H0672-013-000	H4407-030-002	H4513-061-005	H4513-086-000	H7020-010-003	H7849-136-003	H9725-018-000
H0672-016-000	H4407-030-003	H4513-061-006	H4513-087-001	H7020-011-001	H7849-143-000	
H0672-017-000	H4407-033-000	H4513-064-000	H4513-087-002	H7020-011-002	H7849-144-000	



You will pay no more than \$35 for each 30-day script for insulins that are covered by our plan and \$0 for most covered adult vaccines.

For long-term care (LTC) you can get up to a 31-day supply. At an out-of-network pharmacy you will pay the in-network pharmacy copay or percentage of the cost plus the amount that the out of network pharmacy charges. These charges are higher than our typical standard retail pharmacy billed charges. If you receive Extra Help, these costs do not apply. You typically pay only a low copay.

This formulary was updated on 08/11/2026. For more recent information or other questions, please contact HealthSpring Customer Service at **1-800-668-3813** (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time, or visit www.HealthSpring.com. HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2026 Health Care Service Corporation. All Rights Reserved.